

Central Texas Veterans Health Care System

Psychology Internship Program, 2022 – 2023



VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Central Texas Veterans Health Care System

Austin



Temple



Waco

Table of Contents

<i>Accreditation Related Information:</i>	3
<i>Program Overview</i>	3
<i>Application & Selection Procedures</i>	4
<i>Diversity Statement</i>	9
<i>The Community and Surroundings</i>	11
<i>CTVHCS General Information</i>	14
<i>CTVHCS Psychology Service</i>	15
<i>Program Philosophy</i>	15
<i>Philosophy of Intern Professional Development</i>	16
<i>Aims and Competencies</i>	17
<i>Program Structure and Requirements</i>	19
<i>Supervision and Evaluation</i>	22
<i>Special Provisions: Emergency Operations</i>	24
<i>Internship rotations</i>	25
<i>Psychology Internship Faculty</i>	37
<i>APPIC Match Policies: 2021-2022</i>	52
<i>Internship Admissions, Support, and Initial Placement Data</i>	58



Psychology Doctoral Internship Program



Central Texas Veterans Health Care System
Director, Psychology Internship Program (116B)
1901 Veterans Memorial Drive
Temple, TX 76504

(254) 742-4776

<http://www.centraltexas.va.gov/services/Psychology.asp>

APPIC Match Numbers:

Austin: 159114

Temple: 159113

Waco: 159112

Application due date: November 1, 2021

Accreditation Related Information:

The Psychology Internship program at the Central Texas Veterans Health Care System has been accredited by the Commission on Accreditation of the American Psychological Association since 1979. The program's next accreditation site visit is scheduled for 2028.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

Program Overview

Central Texas Veterans Health Care System has been training psychology interns since 1958 (formerly as the Temple VA/Olin E. Teague VA Medical Center) and has been an APA-accredited doctoral internship since 1979. As an accredited internship we have graduated over 150 interns, who have gone on to careers in the VA, other federal institutions, private healthcare/hospital systems, community mental health, academia, private practice, and other settings. Many have gone on to positions and careers in our healthcare system, from our current Chief of Psychology to some of our newest staff members. We offer benefits of a well-established, generalist training program in health service psychology in a large and very active VA health care system, with a current class of 6 interns annually. Our health system spans three major sites and six community-based clinic/annex sites. We employ over 70 psychologists across our system, with over 35 serving as active training supervisors. Some of the unique features of our institution and training program include:

- Housed within a level 1A VA health care system, which provides a broad range of programs, clinics, and patient diversity.
- Our hub site in Temple, Texas is located 35 miles east of Fort Hood Army Base, one of the largest U.S. military installations in the world and home to over 50,000 soldiers. Fort Hood is a primary Army deployment center and provides a steady flow of new veterans into our health care system.
- One of the highest ratio of female veterans within the VA nationally, providing unique training opportunities and exposure across genders.
- Broad age diversity of our veteran population (lower mean age than VA national averages)
- A close relationship with the Baylor, Scott & White hospital system, and our academic affiliates: Texas A&M University College of Medicine (Temple) and Dell Medical School (Austin), providing a rich environment of interprofessional training.
- Training supervisors participate in our program voluntarily, and with approval of our training committee. Many have a passion for training.
- We offer a range of unique specialty training experiences, such as: Blind Rehabilitation Unit (Waco, one of 13 in the VA nationally), PTSD Residential Rehabilitation Program (Temple), Eating Disorders program (Austin), Health Psychology (Temple), Serious Mental Illness Life Empowerment Residential Rehabilitation Treatment Program (Waco), Race-Based Stress and Trauma and LGBT group programs (Austin), clinical research minor at the VISN17 Center of Excellence in Waco, along with a full complement of other mental and behavioral health clinics and programs.
- An annual visit to Fort Hood (when open to visitations) to experience military culture, learn about military behavioral health services (clinic-based and embedded), visit one of the seven national Intrepid Spirit Centers for TBI and polytrauma rehabilitation, learn about the STRONG STAR consortium for clinical research collaboration (a postdoctoral fellowship site), and perhaps participate in combat simulation training.
- Many opportunities for cultural experiences across central Texas.

We hope you consider Central Texas VA as a potential internship training site and look forward to answering your questions about our program.

Application & Selection Procedures



Eligibility:

The Central Texas Veterans Health Care System Psychology Training Program offers an APA-accredited internship to U.S. citizens who are enrolled in a doctoral degree program in Clinical

or Counseling Psychology at an APA-accredited institution. Applicants must be certified as ready for internship by their university Director of Training. Completed internship applications are reviewed by the Psychology Internship Selection Committee and must be received no later than November 3rd of the calendar year preceding the internship year. The CTVHCS internship program prefers that applicants have completed **at least 1200 total practicum hours** (assessment + intervention + supervision) prior to the start of internship. These hours should be listed as completed and/or anticipated hours verified by the Director of Clinical Training on the AAPI. The 1200-hour expectation includes desired minimums of 200 assessment hours and 400 intervention hours, with consideration given to an applicant's overall training background and fit with the program. Any anticipated hours at the time of the AAPI submission should be explained fully in the applicant's cover letter. Per VHA policy, all selections are conditional pending a criminal background check and passing a physical examination. As an equal opportunity training program, the internship program welcomes and considers without discrimination applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status (See Diversity Statement in following section). Our trainees and staff reflect a wide range of socioeconomic, cultural and religious affiliations, including people with disabilities. We strongly encourage people from diverse backgrounds to apply. We gladly provide reasonable accommodations as needed to people with disabilities during both the application and training process; please feel free to request such accommodation as necessary.

Applications:

Our application and selection process is designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of the most recent approved APPIC policy has been reprinted with permission and is included at the end of this brochure. This APPIC match policy can be found at <http://www.appic.org>. The general instructions for the online application (AAPI Online) are also located at the APPIC website. All application materials will be received through the APPIC on-line portal.

Application materials must include the following:

- A complete APPIC Application for Psychology Internship (AAPI), accessed at <http://www.appic.org/AAPI>
- This includes the following materials:
 - General AAPI application, including background, education, experience, and essay questions.
 - Cover letter describing your interest in and fit with our training program, and listing the names of those who will be providing letters of recommendation.
 - Applicants may choose to identify themselves as representing racial, cultural, ethnic, or other element(s) of diversity.
 - Current curriculum vita
 - Academic transcripts from ALL Graduate institutions that you have attended.
 - Three (3) letters of recommendation from doctoral level psychologists who have been closely involved in your training. These letters may be from classroom faculty, research advisors, or other psychologists familiar with your work and

qualifications. At least one letter must be from a supervisor who has direct knowledge of your clinical skills.

- A WORK SAMPLE consisting of a completed psychological evaluation that integrates interview and psychological test data. All identifying information must be redacted according to HIPAA guidelines (<http://hipaa.wisc.edu/ResearchGuide/deidentification.html>)
- Verification of internship eligibility and readiness must be provided by the applicant's Director of Clinical Training via the APPIC DCT Portal.
- Reference letters are provided by requested referees via the APPIC Reference Portal.

Factors considered by the committee in selecting interns include:

- the breadth and depth of clinical experience obtained through practicum training;
- scholarly preparation evidenced by academic transcripts, research experience, and publications and presentations;
- evidence of personal maturity and readiness for internship training; and
- the degree to which the applicant's stated training objectives match the training opportunities available in our setting.

We give preference to applicants who have completed or are well advanced towards the completion of their doctoral dissertation.

After the applications have been reviewed, we strive to notify all applicants of their interview status by November 30th. Applicants have a choice of attending one of four virtual interview days in December and January. Typically, we interview 40-45 applicants for our six internship slots. The planned interview dates for 2021-22 are:

Friday	12/10/21
Tuesday	12/14/21
Friday	12/17/21
Friday	01/07/22

In addition to prioritizing safety for our interns, supervisors, and the larger community, we are committed to reducing financial, geographical, and other potential barriers for our internship applicants. **Therefore, all interview days will be conducted virtually via an electronic meeting platform (e.g., Microsoft Teams, Cisco Webex). No on-site interviews will be conducted during the 2021-22 application and selection process.** The interview process begins at 11:00am, and generally ends by 4:30pm. In the first hour, we provide an overview of the program. Afterwards, each interviewee will have a series of individual interviews with the training directors and staff psychologists. Applicants will also meet with at least two current interns to gain their perspective on the training experience. Interns are not involved in the applicant ranking process.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

VA Training Eligibility Requirements:

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 1. Effective October 7, 2021, Central Texas HPTs must attest to having received the COVID-19 vaccination to onboard or participate in rotations. Central Texas will not accept exemptions (medical or religious) for trainees and therefore, unvaccinated trainees cannot rotate within the Central Texas VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements for appointment as a psychology HPT is summarized below.

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

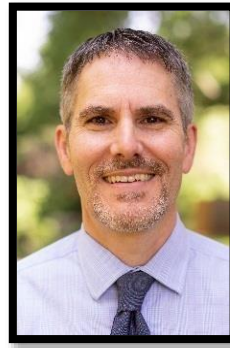
Note: Health Professionals Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner.

For additional information, please contact:



Holly LaPota, Ph.D.
Training Director

Central Texas VHCS
7901 Metropolis Drive
Austin, TX 78741
(512) 823-4637
Holly.Lapota@va.gov



Andrew Cook, Ph.D.
Co-Training Director

Central Texas VHCS
1901 Veterans Memorial Dr
Temple, TX 76504
(254) 778-4811 x45511
Andrew.Cook@va.gov

Jennifer Rigsby, Ph.D.
Assistant Training Director

Central Texas VHCS
1901 Veterans Memorial Dr
Temple, TX 76504
(254) 743-0040 x4
Jennifer.Rigsby@va.gov

Diversity Statement

The Central Texas Veterans Health Care System APA-accredited doctoral internship is committed to the promotion and affirmation of diversity in its broadest sense. Our mission is to provide training for doctoral level psychology students that is consistent with professional ethics and standards that place a high value on the dignity and worth of individuals through embracing their unique gender expression and identity, ethnicity, race, sexual/affectional orientation, age, physical and mental abilities, religious/spiritual beliefs, political beliefs, and socioeconomic class. Therefore, as part of their professional functioning, all training staff members are expected to respect the dignity and worth of the individual (both client and intern), and to strive for the preservation and protection of fundamental human rights.

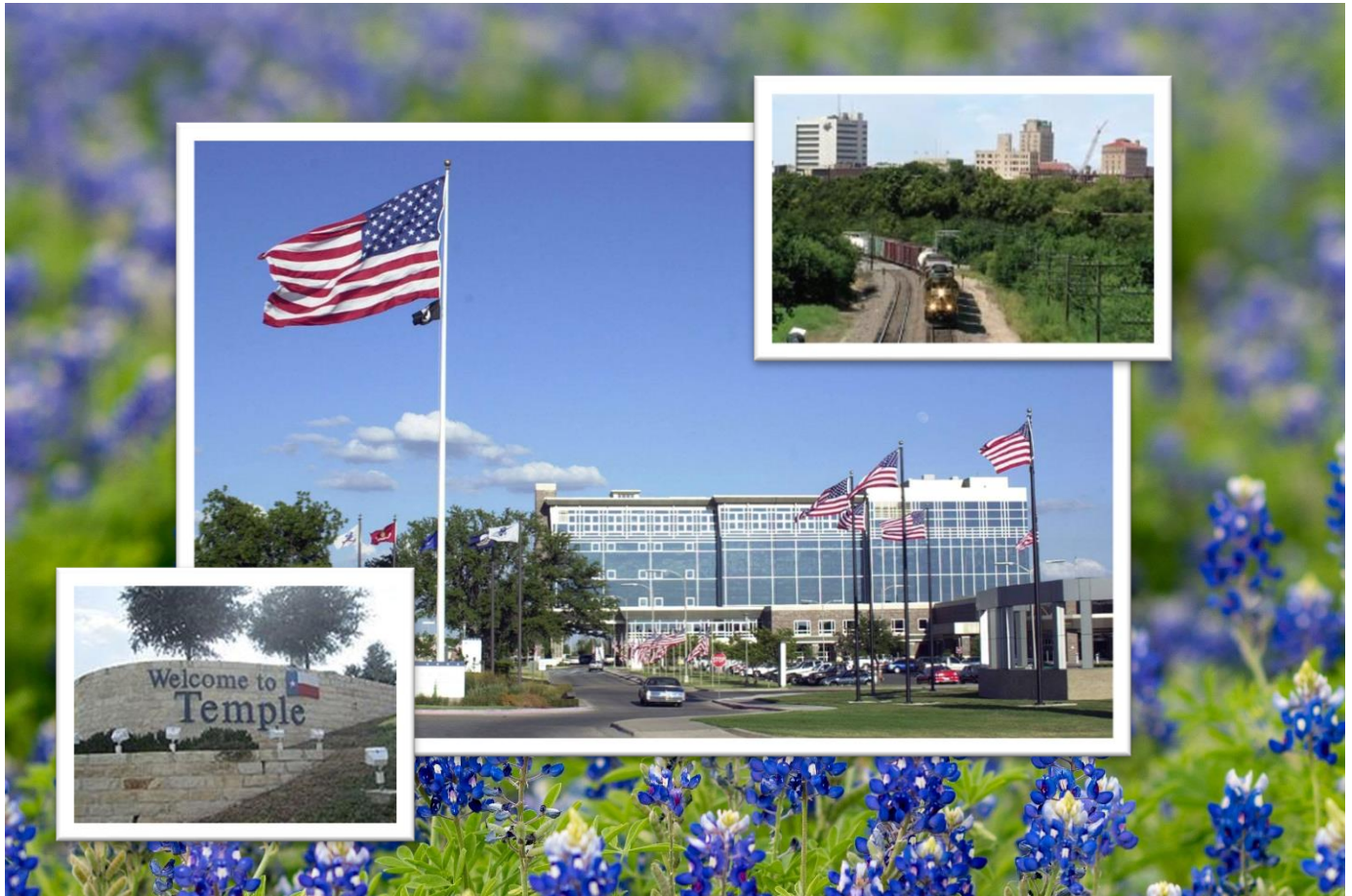
In order to meet our training model of reflective practitioner, we must maintain an atmosphere of respect and trust in which we feel free to explore and discuss our attitudes, beliefs, values, and behaviors in relation to others who are similar to and different from ourselves. As part of our service and training mission, we require of ourselves a commitment to work toward the mindful awareness of our biases and the eventual elimination of any prejudice and discrimination which may be present. In particular, prejudice and discrimination on the basis of gender expression and identity, ethnicity, race, sexual/affectional orientation, age, physical and mental abilities,

As we strive to educate ourselves and others about the mental health issues of a pluralistic society, we recognize that an examination of personal prejudice and discrimination and their impact on our professional work is best accomplished within a climate of safety and respect. Therefore, training staff members are expected to support each other and trainees in willingness to explore their individual prejudices, and in fostering an environment that allows for positive attitudinal and behavioral change in one another. Additionally, we recognize that at times the values of clinicians and clients may come into conflict. Training staff and supervisors are expected to aid trainees in reflecting on this conflict to determine a course of action, the potential impact on the therapeutic alliance, and the wellbeing of both client and trainee. In rare occasions when clinical goals and trainee values conflict such that provision of psychotherapy is at risk of creating an unsafe atmosphere for either trainee or client, appropriate referrals will be made in the spirit of competent care.



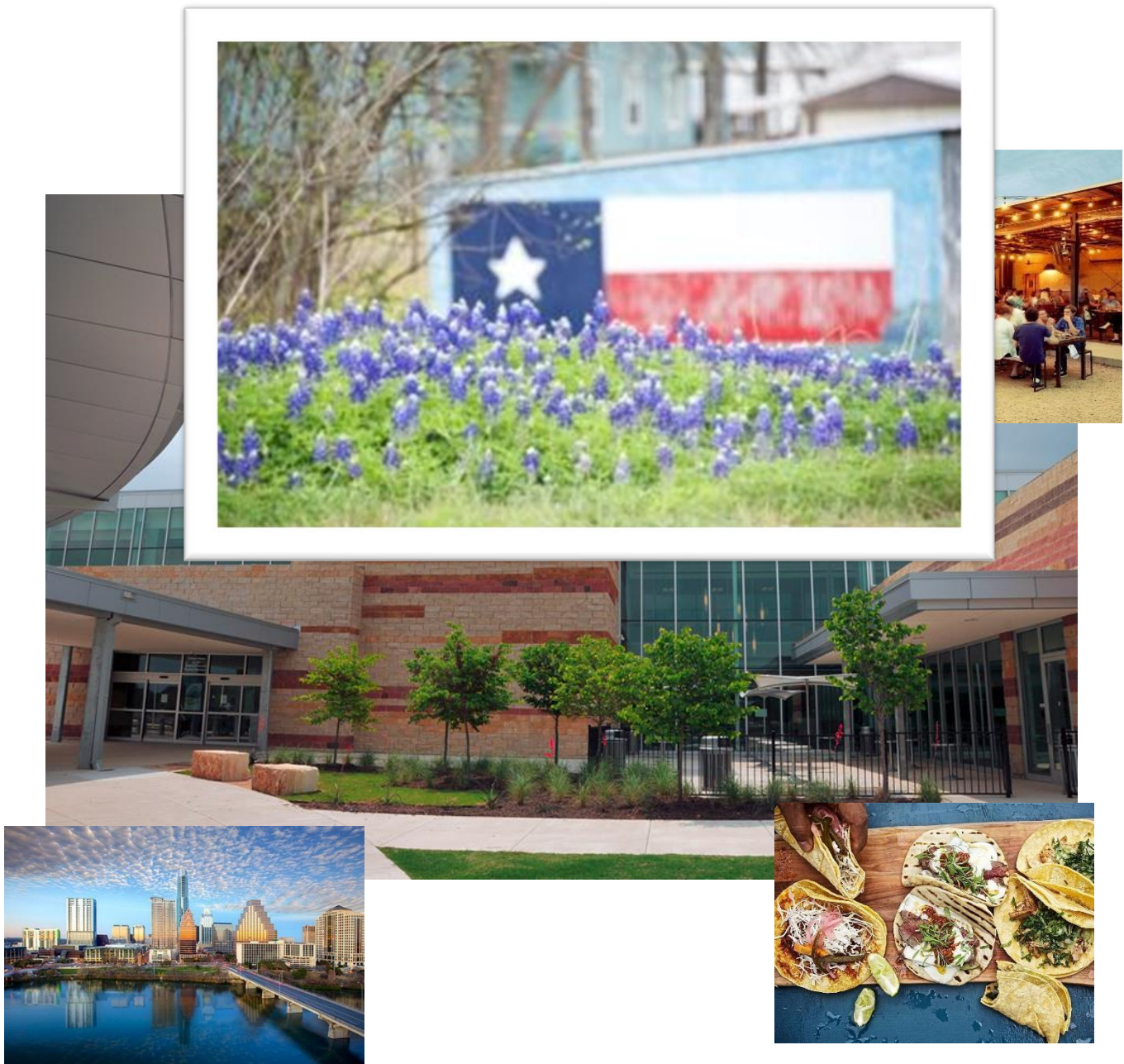
The Community and Surroundings

Temple is a community with a population of over 76,000 people located in Central Texas, approximately 60 miles north of Austin and 35 miles south of Waco. The Temple campus of the Texas A&M University College of Medicine is headquartered in the Baylor Scott & White hospital system and provides clinical training at the Olin E. Teague VA Medical Center. The Baylor Scott & White hospital system consists of more than 6,000 physicians at more than 900 patient care sites across Texas and is one of the nation's largest multi-specialty group practice systems. Several post-doctoral psychology training programs are housed within their Temple campus. There are approximately 450,000 people in the Killeen-Temple-Fort Hood Metropolitan Statistical Area which includes Fort Hood Army Base, one of the largest U.S. military installations in the world and home to over 50,000 soldiers.



Waco is community of approximately 136,000 people with a population of approximately 235,000 people in the greater Waco area. It has a diverse economy and is the home of Baylor University, Texas State Technical College and Magnolia Market. It is located approximately 100 miles to the south of Dallas/Fort Worth and 95 miles north of Austin.





Austin is a city of over 950,000 people and is the state capital. It is the fastest growing of the 50 largest US cities and the second largest capital city. It has a diverse economy and is home to the University of Texas at Austin, the flagship campus in the UT system and home of Dell Medical School. There are over 2 million people in the Austin-Round Rock-San Marcos Metropolitan Service Area.

The Central Texas climate is warm and sunny throughout most of the year and there is an abundance of local lakes and other recreational facilities. Housing is generally more affordable in Waco and Temple than in most of the larger metropolitan areas of the state. The cultural activities in Temple and Waco are plentiful for communities of their size. The major metropolitan areas of Texas, including Austin, Houston, Dallas, and San Antonio, are all within easy driving distance.

Helpful information about the cities of Temple, Waco and Austin can be found on the web at www.ci.temple.tx.us and www.waco-texas.com and <http://www.austintexas.gov/>.

*CTVHCS Staff and interns talking
with a Ft. Hood Soldier in a
Bradley Vehicle during an
internship visit to the base*

CTVHCS General Information

In 1995, the Olin E. Teague Veterans' Medical Center, the Waco VA Medical Center, the Thomas T. Connally VA Medical Center and four outpatient clinics, were integrated to become the Central Texas Veterans Health Care System (CTVHCS). Currently there are large facilities



in Waco, Temple and Austin and community-based outpatient clinics in Cedar Park, Bryan/College Station, Brownwood and Palestine. CTVHCS serves a Veteran population of more than 252,000, covers 35,243 square miles and 11 congressional districts in 39 counties. In fiscal year 2020, CTVHCS treated 108,659 Veteran unique patients and recorded 6,660 inpatient admissions. Outpatient workload totaled 1,218,648 visits.

Psychology Internship training takes place in the major medical/psychiatric facilities in Waco, Temple and Austin. On the Temple Campus is a full-service, 90-bed teaching hospital that serves as the medical/surgical

referral center for all CTVHCS campuses as well as providing outpatient services to Veterans across the 39-county service catchment area. Also located at the Temple Campus is a 187-bed domiciliary, a 70-bed Community Living Center (CLC) which includes a hospice unit. A 160-bed State Veterans Home also resides on the Temple Campus grounds as well as an \$11.5 million VA Research Institute which attracts world-class researchers to the Central Texas area. The domiciliary offers residential rehabilitation treatment programs for veterans experiencing problems with substance abuse, veterans with chronic serious mental illness and veterans in need of vocational rehabilitation services. The Doris Miller Department of Veterans Affairs Medical Center in Waco, Texas, was named to honor Doris "Dorie" Miller, the first African American to receive the Navy Cross for his heroic actions during the attack of Pearl Harbor in World War II. It operates an inpatient psychiatry unit, a blind rehabilitation unit, two community living centers for medical and psychiatrically impaired geriatric patients, a women's trauma residential program, and a residential rehabilitation program for veterans with chronic serious

mental illness, and also hosts the VISN 17 Center of Excellence for Research on Returning War Veterans. The Austin VA Outpatient Clinic is a large multi-specialty medical clinic, the largest VA outpatient clinic in the country at the time of construction. In addition to the inpatient and residentially based services in Waco and Temple, all three sites have a wide array of outpatient mental health services. Several training rotations, such as the general mental health clinic, and PTSD clinics, are available at all three sites, while specialized rotations may be available at only one site given the nature of the facility. See the Training Rotations section below for descriptions of training opportunities at each site.



CTVHCS Psychology Service

Psychology Service currently consists of approximately 75 full-time and part-time licensed psychologists, as well as a number of graduate psychologists. The Psychology Service has a long history of involvement in training.

The Psychology Internship Program has been APA accredited for over 35 years. The VISN 17 Center of Excellence housed on the Waco campus is a training site for the VA Interprofessional Advanced Fellowship in Mental Illness Research and Treatment. CTVHCS offers practicum training to doctoral students from the University of Texas at Austin and Texas A&M University. CTVHCS psychologists also participate in training of Residents and students in Psychiatry and other medical specialties. Psychology staff are well represented in all major areas of healthcare provision as well as serving on a variety of professional committees and boards. Psychologists often serve as mental health treatment program leaders. Our medical center is affiliated with the Texas A&M University College of Medicine and Dell Medical School, and as such, offers clinical training to a variety of disciplines including medicine, psychiatry, nursing, pharmacy, and social work.



Program Philosophy

As a Practitioner Scholar model program with a commitment to development of "Reflective Practitioners" as discussed in Hoshmand and Polkinghorne (1992), we believe that preparation of health service psychologists requires broad exposure to the knowledge base of the science of psychology and the related fields that form the foundation of the discipline. Developing psychologists must acquire the knowledge, skills, and attitudes that encourage the scientific approach to practice, whether through the conduct of scientific research, application of the

products of scientific research, or through the enhancement of existing knowledge by way of professional practices that include reflective reasoning. Based upon this philosophy, interns receive broad, comprehensive training in preparation for entry level, generalist practice in health service psychology.

It is our philosophy that at this level of professional development, psychology interns should be exposed to experienced psychologists/supervisors who will build upon interns' previously-acquired scientific knowledge through guidance and supervision in the application of that knowledge and through the encouragement of practice-based inquiry and obtainment of clinical expertise. At this stage of professional education, interns are also expected to access and apply the scientific and experiential database of psychology, as, for example, would be reflected through awareness of empirically supported interventions. Interns will also be nurtured in the development of the reflective characteristic of expert practice. Consistent with recommendations of Hoshmand and Polkinghorne (1992), this program places extensive emphasis upon the development of reflective skills to enhance deliberative control over the biases that hamper full understanding, suppress appropriate skepticism, and lessen practitioners' effectiveness. This program incorporates the concept of the "reflective practitioner" whose professional wisdom includes the ability to evaluate and critique one's own understanding and actions (Schon, 1987). Therefore, this program emphasizes the practical value of reflecting through intensive case study, mastering the skills of locating/incorporating existing scientific knowledge, and seeking experiential wisdom.

Hoshmand, L.T. & Polkinghorne, D.E. (1992). Redefining the science-practice relationship and professional training. *American Psychologist*, 47, 55-66.

Schon, D. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass.

Philosophy of Intern Professional Development

Intensive exposure to experienced psychologist supervisors during the internship year will enable interns to demonstrate marked growth in professional competencies. The internship year at CTVHCS is conceptualized as an organized sequence of training experiences that build upon interns' scientific knowledge base and previous clinical training. Interns' abilities will be assessed at several critical points during the year and overall progress will be monitored continually through the collaborative efforts of the intern, the immediate supervisors, intern preceptors, and internship training committee.

Increasing Autonomy (Frequency and Intensity of Supervision) – Although interns receive a minimum of four hours per week of formal supervision, they will receive considerable informal supervision throughout the year. However, as the year progresses and interns become increasingly autonomous professionally, they will have less need for informal supervisory input.

Complexity of Clinical Cases – In line with interns' professional development, interns will experience a shift in the complexity of their assigned cases throughout the year as well as throughout their rotations. Beginning cases will be more straightforward and familiar. Once interns have demonstrated sufficient competency with less complex clinical cases, more complex and challenging cases will be assigned to them as the year progresses.

Complexity of Interdisciplinary Role – As the year progresses, interns will be expected to increase the complexity of their contributions to interdisciplinary teams through a variety of

activities such as staff education; assisting the team with process improvement activities; and assisting the team with the development, expansion and/or evaluation of interventions to meet the needs of patients served by the team.

Aims and Competencies

The Central Texas Veterans Health Care System doctoral internship program has the following aims:

1. Prepare doctoral psychology interns for generalist postdoctoral practice through competency based supervised training in health service psychology, based on a reflective practitioner-scholar model.
2. Contribute to the mission of the Veteran's Health Administration by providing doctoral interns with training for providing psychology services to our nation's Veterans.

To ensure that interns leave the internship program with a solid foundation for ethical, culturally and clinically effective entry level practice of health service psychology, our program provides competency-based training. Our training model is based on the 2017 profession-wide competencies from the APA Standards of Accreditation, the APA competency benchmarks, and the work of the APA Benchmarks Task Force and the APA Task Force on the Assessment of Competence in Professional Psychology (Chair: Nadine J. Kaslow, Ph.D., ABPP) (<http://www.apa.org/ed/graduate/competency.aspx>).

Each competency is divided into training elements, as indicated in the following list, and in our evaluation form for competency assessment. Our CTVHCS training model is structured around the nine profession-wide competencies from the APA Standards of Accreditation, as follows:

1. **RESEARCH KNOWLEDGE AND METHODS:** Understanding and respect for empirical research and Psychological science. Contributes to the professional knowledge base by generating and/or evaluating scholarly work.

A. Scientific Knowledge and Methods:

ELEMENT: Seeks Current Scientific Knowledge; Develops and implements research or other scholarly activities

B. Research/Evaluation:

ELEMENT: Evaluate/disseminate research/scholarly activities

2. **ETHICAL AND LEGAL STANDARDS AND POLICY:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

ELEMENTS: Knowledge of Ethical, Legal and Professional standards and guidelines; Ethical Conduct; Patient Confidentiality; Ethical Dilemmas

3. **INDIVIDUAL AND CULTURAL DIVERSITY:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

ELEMENTS: Awareness of self as shaped by individual and cultural diversity and context; Awareness of others as shaped by individual and cultural diversity and context, and of the role of diversity and context in shaping interactions with others; Ability to apply knowledge and approach

4. **PROFESSIONAL VALUES AND ATTITUDES**

- A. PROFESSIONALISM:** Professional values and ethics as evidenced in behavior and attitudes that reflect the values and ethics of psychology, integrity, and responsibility.

ELEMENTS: Integrity; Deportment; Accountability; Concern for the welfare of others; Professional identity; Professional responsibility in documentation; Efficiency and time management; Independence

- B. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

ELEMENTS: Uses self-reflective practices and self-assessment; Seeks Consultation/Supervision; Self-Care

5. **COMMUNICATION AND INTERPERSONAL SKILLS:** Relate effectively and meaningfully with individuals, groups, and/or organizations.

ELEMENTS: Interpersonal Behavior; Communication, Managing difficult interactions

6. **ASSESSMENT:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

ELEMENTS: Diagnostic skill; Psychological test selection and administration; Psychological test interpretation; Assessment writing skills; Feedback regarding assessment; Informed assessments.

7. **INTERVENTION:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and /or organizations.

ELEMENTS: Patient risk management; Case conceptualization and treatment goals; Therapeutic interventions; Effective use of therapeutic alliance and emotional reactions in therapy; Group therapy skills and preparation; Outcome monitoring and adapting interventions

8. **SUPERVISION:** Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

ELEMENTS: Supervisory Skills; Supervisory alliances; Supervisory scope of practice

9. **CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS :** Identify and interact with professionals in multiple disciplines to address problems, seek/share knowledge, and/or promote effectiveness. Provide expert guidance or professional assistance in response to identified needs.

ELEMENTS: Consultative guidance; Knowledge of interprofessional collaboration; Functions effectively in interprofessional contexts

Competencies are formally evaluated at the start of the internship by both interns and their supervisors, and every 4 months via the Competency Assessment Form (CAF). Expected achievement levels for each stage of internship training are detailed in the Intern Handbook, and are listed on the CAF. Summary competency ratings at the completion of the internship are assigned by the Psychology Training Committee, based on rotation supervisor ratings and intern performance in group training activities such as seminars, group supervision, diversity training, case presentations, and other training projects.

Program Structure and Requirements

Interns are selected for primary placements in one of the three major training sites (Waco, Temple or Austin). Internship applicants rank each of the three major training sites independently. (Each site has its own match number). There is no difference in program philosophy, goals or structure across sites. All sites emphasize development of core competencies to allow development of broad entry level professional skills. Interns are required to do two of the three major rotations at their primary site. If rotations are available at a secondary site, interns are allowed to do one of their three major rotations at a secondary site. However, interns primarily placed at a site are given priority for all training opportunities at the site to which they are primarily assigned. After match day, incoming interns are queried about their training interests, and these are considered along with training needs identified from application materials to establish initial rotation assignments.

Prior to the beginning of internship, all incoming interns are invited to a social gathering (in person or virtual) where they can meet with training staff and outgoing interns in a relaxed and supportive environment (late July). During the first week of the internship year, interns are provided with a comprehensive orientation to the Central Texas Veterans Health Care System and the internship program. Interns are given a thorough orientation to all elements of the training program including major rotations, minor rotations, and group learning activities such as journal clubs, case conferences etc. By the end of the orientation period, interns have developed an intern professional development plan, identified rotation interests, and are matched with a preceptor.

Role of Preceptor: Interns are encouraged to choose a preceptor who shares professional interests and is experienced in the internship program. The role of the preceptor is to mentor the intern in his/her career development efforts, assist in the develop of the training/rotation plans, share in monitoring intern progress and to help the intern find the best ways to meet his or her short and long-term training objectives. If the intern has difficulty in any of training context, such as a major or minor rotation, the preceptor will work collaboratively with the intern and faculty involved to find solutions to difficulties.

Rotation selection

The process of rotation selection is based on a collaborative effort between each intern, the Training Director(s) and the Internship Training Committee. While there are no mandatory rotations and interns usually do not compete with each other for rotations, the rotations chosen are a function of the Training Committee's evaluation of the interns' training needs, supervisor initial competency ratings, and the intern's self-evaluation on training competencies, perception of their professional development needs, and interests. All rotation choices are approved by the Psychology Training Committee.

Process of rotation selection is as follows: Initial major and minor rotations are assigned before the commencement of the training year. Assignment is based on review by the Training Directors and Training Committee of each intern's application file and interview materials, with attention paid to breadth and depth of experiences, strengths and weaknesses of previous training, and training needs identified by the graduate program Director of Clinical Training and former supervisors/referees. Interns' preferences for training experiences and self-assessment of training needs are also taken into account. During orientation at the start of internship, the interns complete a professional development plan which includes a summary of previous clinical training, a self-assessment of professional development in the profession-wide competencies, career goals, and training goals relative to these. Interns also meet with supervisors on each of the major rotations at their primary site, and meetings are individually arranged at secondary sites based on intern interest. After three-four weeks on the first major

rotations, supervisors provide initial ratings of interns on the training competencies. Rotation designations are made by the Training Committee based on all of these factors, along with the previously noted review of application and interview materials, and with consideration to rotation staffing and availability during the training year.

Training plans

Based on a collaborative effort between the interns, their rotation supervisors, preceptors, and the Training Director(s), an initial rotation training plan is developed. The Training Director(s) ensures that each rotation plan provides opportunities to remediate any area of weakness in previous training and provides sufficient new learning opportunities in the areas of diagnosis, assessment, intervention and consultation. The rotation training plans specify the experiences to be offered and the skills to be taught on the rotation, and include a formal supervision contract between the intern and rotation supervisor(s). This plan is signed by the intern and the rotation supervisor.

Over the succeeding months of the year, interns meet with preceptors to review progress toward training goals, to discuss broader issues of interns' development as health service psychologists and if needed, to address any concerns about training settings or relationships. In the early portion of the training year, interns and preceptors typically meet regularly (e.g., weekly or bi-weekly), with meetings becoming less frequent as the year unfolds.

Rotations and requirements

Interns must complete three, four-month major rotations in different training settings. Additional competency-based training is received through two minor rotations (4 to 8 hrs/week), typically six months in duration. If research is relevant to future career goals, interns are encouraged to consider a full year or 6-month clinical research minor rotation with the VISN 17 Center of Excellence in Waco (see rotation descriptions section).

In all elements of the training program, interns are expected to adhere to the Ethical Principles of Psychologists and Code of Conduct by the American Psychological Association and a copy of same is provided at the outset of the training year.



<i>Minimum clinical requirements:</i>		
Direct patient care:	Direct patient contact hours	500 hours (25%)
Assessments:	Combined interview and testing, based on individual rotation standards	18
Individual therapy cases:	Short-term/time-limited	15
	Long-term: (Extending beyond a single major rotation)	1
	Evidence-Based Psychotherapy protocol	3
Groups:	Evidence-Based Psychotherapy protocol	1

	Psychoeducational/Coping skills	2
	Total Groups	3
Formal case presentations:	Including but not limited to fall assessment and spring intervention case presentations	2
Written work samples:	Including but not limited to fall assessment and spring intervention case presentation work samples	2

Wednesday Internship Didactics

On Wednesday afternoons, internship didactics take place from 1:00 PM to 4:30 PM at the Temple site or by virtual (electronic) meeting platforms. Interns are also allocated an hour together from noon to 1:00pm on Wednesdays to build collegial relationships and serve as sources of support, encouragement and information for each other. This is a required part of the program structure. On Wednesdays, Temple interns stay on their rotations until 12 noon. If traveling to Temple, Waco and Austin interns will stop their rotations around 10:30 AM or 11:00 AM to travel to Temple. When didactics are conducted face-to-face in Temple, Wednesdays are 60-90 minutes longer for Waco and Austin interns because of the return commute. Similarly, an intern electing to complete a minor or major rotation at another site may spend additional time commuting outside of their tour of duty. Generally, government vehicles are available, or mileage reimbursement if a government vehicle is not available. Interns can receive assistance from supervisors or training council members for arranging vehicles or mileage reimbursement.

The didactic seminars (1:00 – 2:45 PM) are presented by CTVHCS psychologists and other professional mental health staff and address the science and practice of health service psychology. The content of these seminars includes therapeutic assessment, evidence-based treatments (e.g., Cognitive Processing Therapy, Prolonged Exposure, IPT for Depression, CBT for Chronic Pain or Insomnia, Acceptance and Commitment Therapy), neuropsychology, crisis intervention, pharmacology, short-term psychotherapy, addictions, ethics, family/couple evidence-based psychotherapies (EBPs), treating complex PTSD, and other topics. The remainder of the group activities time (3:00-4:30 p.m.) is used for group supervision, including intern case presentations.



Stipend and benefits

The intern stipend is currently \$26,297. Interns are eligible for federal employee healthcare benefits. As of the June 26, 2013 Supreme Court ruling, the United States Office of Personnel Management extends benefits to spouses and qualifying children of Federal employees who have legally married a spouse of the same sex. Interns must successfully complete twelve months of training with a minimum of 1900 hours. Terminal leave is not permitted; in other words, all interns must be present on the last day of internship. Training is usually conducted during regular work hours (8:00 a.m. to 4:30 p.m., Monday through Friday). Authorized absence to attend educational activities, to present research papers, or to attend professional meetings is negotiated with the clinical supervisor and the Training Directors.

Supervision and Evaluation

Interns receive regularly scheduled supervision for their clinical work by doctoral-level psychologists. All notes and reports are countersigned by supervising psychologists, and a supervising psychologist is always available when the intern is on duty. We take pride in feedback from former interns who have acknowledged the accessibility of supervisors and quality of supervision as strengths of our program. Interns and staff members work closely together, often working as co-therapists or jointly participating in treatment planning meetings, clinical rounds, patient education activities, supervision/education of medical students, or consultation activities. As a result, interns have abundant opportunities for observational learning and informal supervision.

The program has a sincere commitment to the creation of a training environment of support and trust, where interns feel comfortable to reveal areas of inexperience or weakness, ask questions, and discuss concerns or problems. Supervisors, preceptors, and the Training Director(s) attend to the interns' needs for professional development and ethical awareness. Interns are primary sources of information for the program's self-assessment and quality enhancement activities, both through formal feedback and continual encouragement of suggestions to improve the program.

During the training year, interns receive a weekly minimum of four hours of supervision. This includes a minimum of two hours of scheduled individual supervision on major rotations, minimum one hour of individual supervision on minor rotations, and minimum one hour of group supervision. Supervision includes live observation of interns on all training rotations.

There is a great deal more informal supervision and collaboration between intern and supervisor in most training settings. Although supervision is always made available when needed, the program philosophy is that intern growth and movement toward professional autonomy will be reflected throughout the year. As a result, it is anticipated that informal and unscheduled supervision will be most plentiful earlier in the internship year.

Informal feedback and constructive suggestions are provided to interns throughout the training year in the contexts of individual supervision, group supervision and meetings with the Training Directors. Supervisors provide a summary of feedback to the Training Committee at the mid-point of the major rotations. More formalized feedback is provided in several ways. At the conclusion of each 4-month rotation, the rotation supervisors complete formal written evaluations of the intern's performance (including appropriate input from any off-rotation supervisors) based on the training competencies. The intern and rotation supervisor discuss and, if appropriate, update or modify the evaluation. The competency evaluations are reviewed by the Training Directors and Training Committee, who recommend any needed changes to the Rotation Training Plans based on this evaluative feedback. The Training Committee assigns summary competency ratings and feedback at the end of the training year based on rotation supervisor ratings and intern performance in off-rotation activities such as seminars, journal clubs, diversity seminar, case conference presentations. Additionally, the Training Director provides a mid-year report to the intern's graduate program Director of Clinical Training, and an end of year report which indicates the intern's status regarding competency development and internship completion.

Evaluation is a reciprocal process, as interns formally and informally evaluate the quality of the training. Interns are encouraged to provide specific feedback about their training experiences to their supervisors, preceptors and/or the Training Directors at any time. To accommodate this important quality assurance process, preceptors arrange a mutually agreeable meeting schedule with interns, and can arrange to meet more regularly at times of transitions or any difficulties. At the conclusion of each rotation (or if preferred by the intern, at the completion of the training year), interns complete a formal rotation evaluation form that is submitted to the Training Directors. To assure candid assessments, intern evaluations are not shared with supervisors until the conclusion of the internship year. At that time, the Training Directors reviews the evaluations, and provide appropriate feedback and suggestions to rotation supervisors.

In addition to their evaluations of the training rotations, interns also complete separate evaluations of the quality and utility of all seminars in the didactic training series. These seminar evaluations are summarized by the Training Directors and used to plan future seminar series as well as to provide constructive feedback to seminar presenters after the completion of the training year. Interns provide written evaluations of other aspects of the training program at year-end, and have exit interviews with the Chief of Psychology Service and Training Directors, for additional feedback and quality improvement input.

Interns are invited to attend and participate in our monthly Psychology Service staff meetings, Mental Health & Behavioral Medicine service staff meetings, and Psychology Training Committee meetings. An intern representative attends the Training Committee meetings to present any questions or concerns that interns may have and to provide the intern perspective to the Committee. Through the intern representatives and periodic meetings with the Training Directors, interns are kept up-to-date about any changes in the program's plans or policy.

Special Provisions: Emergency Operations

In the unusual circumstance of a state of emergency, such as enacted during the 2020 - 2021 COVID-19 pandemic, adjustments to the standard procedures for training and supervision can be required. Training oversight and regulatory organizations such as the VA Office of Academic Affairs, APA Office of Program Consultation and Accreditation, and the Association of Psychology Postdoctoral and Internship Centers (APPIC) may enact special provisions that expand available training options in order to permit safe and effective delivery of training programs. In response to the COVID-19 pandemic and resulting special permissions the CTVHCS Psychology Training Committee adopted a telesupervision policy. This provides details on the related standards, guidelines and requirements for telesupervision of interns.

Teleworking can also be enacted as an optional or required work mode for staff and trainees during a state of emergency. Prior to being assigned to telework, all staff and trainees submit a signed telework agreement, which details the mutual expectations, equipment, technology and remote office requirements, and timeframe for teleworking. A copy of the application is provided to interns when telework is available or required.

Adjustments to an intern's training plan may also be required during a state of emergency. For example, residential programs may temporarily cease operation, and face-to-face inpatient and outpatient clinical sessions including neuropsychological testing can be suspended. Under such circumstances the Training Directors and Training Committee will work with each intern to develop a modified training plan, with the following goals:

- a. Maintain as much as possible of the original training plan goals and experiences;
- b. Ensure each intern is able to achieve minimum levels of achievement for the internship year, unless programmatic adjustments to these MLAs are required;
- c. Consider the intern's preferences and goals for training;
- d. Minimize the burden associated with multiple training sites and/or supervisors as much as possible.

All modified training plans are reviewed and approved by the Training Committee.

Internship Rotations

Rotation Descriptions

The clinical rotations described below reflect the variety of psychological services offered at the Central Texas Veterans Health Care System. Interns participate in three major rotations during the internship year, and the choice of those rotations is designed to increase knowledge and experience in general areas of psychological practice. In addition to major rotations, interns supplement their training experience with minor rotations. Minor rotations (typically four hours per week for 6 months) are designed to enhance interns' skills and experiences to fulfill training needs and build required competencies through experiences such as neuropsychology, pre-surgical evaluation, treatment of family/couples, PTSD, substance abuse treatment, inpatient psychiatry, clinical research, home-based primary care etc. Most major rotations provide potential options (focused sub-areas) for minor rotation training.

Note: The status of rotations with supervisors marked TBD is uncertain, typically due to staffing changes

WACO:

PTSD Clinical Team (PCT) – Waco

The Waco Posttraumatic Stress Disorder Clinical Team (PCT) is a clinic that provides outpatient care to Veterans who have been diagnosed with combat-related PTSD and have significant impairment in functional areas. This rotation offers interns the opportunity to gain experience and knowledge specific to PTSD. Veterans from all eras of service are treated. Treatment is based on the knowledge of theoretical models and empirically supported modalities. Therapeutic modalities include Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Conjoint Therapy as well as didactic groups that address core symptoms of PTSD. Didactic groups include nightmare resolution, anger management, and substance abuse. The groups are designed to be dynamic and functional so that the treatment team is able to formulate treatment plans geared to an individual's specific needs. There is also the opportunity to provide individual therapy. The intern will be able to develop assessment skills during this rotation using the primary assessment instruments such as the PHQ-9, PTSD Checklist (PCL-C, PCL-M), The Mississippi Scale and CAPS. Other testing instruments are available as needed. Interns will be given the opportunity to conduct appropriate testing and to conduct diagnostic clinical interviews. Staff will work with interns to promote an atmosphere that provides an optimal growth opportunity.

Supervisors: Jeffrey Wilson-Reese, Psy.D. & Pamela George, Psy.D.

Mental Health Clinic (MHC) – Waco

The Waco Mental Health Clinic rotation offers interns experience in individual psychotherapy, group psychotherapy, diagnostic interviewing, psychological assessment and treatment planning. During this rotation, interns have the opportunity to co-lead groups with supervisors, lead groups under close supervision, as well as co-design and co-lead new groups. The Waco MHC offers time-limited groups for patients who are experiencing problems with depression, anxiety, anger, PTSD (non-combat traumas, MST) and emotional self-regulation or interpersonal relationships. The Waco MHC also offers men's and women's support groups. Interns will encounter significant diversity with regards to multicultural issues. Interns will have the opportunity to learn EBT approaches through clinical supervision and co-leading group therapy using Acceptance and Commitment Therapy (ACT). The veterans served are predominately male, but significant opportunities are available to work with female veterans. In

addition to further developing previously acquired psychotherapy and assessment skills, the goal of the rotation is to prepare the intern to function as an effective member of an interdisciplinary team in a public mental health setting.

Supervisors: Tai Blanscet, Psy.D.

Serious Mental Illness Life Empowerment – Mental Health Residential Rehabilitation Treatment Program (SMILE MH RRTP) – Waco

The SMILE MH RRTP program is a 60-day residential program committed to improving the lives of Veterans with serious mental illness (i.e., severe depressive disorders, psychotic related disorders, bipolar disorders, schizophrenia spectrum disorders) that have difficulty maintaining their desired community lifestyle. This is a 22 bed residential program located in BLDG 94 on the Waco VA campus. The SMILE program utilizes a recovery approach focused on building resilience, enhancing quality of life, and empowering individuals to achieve their goals in a self-directed manner. Veterans engage in programming to learn better coping skills, medication management, wellness strategies, and life skills. The program aims to address barriers that negatively impact life satisfaction and social functioning. The SMILE core treatment team includes: a psychologist, a psychiatric nurse practitioner, two social workers, a peer support specialist, a psychology technician, and various nursing staff. Other ancillary services available to Veterans in the SMILE program include: chaplains, nutrition/dieticians, music therapy, recreational therapy, occupational therapy, kinesiotherapy, and supportive employment/VRT. Interns will work as part of the multidisciplinary team and have the opportunity to provide individual therapy, group therapy, and comprehensive assessments. Interns may gain experience in collaborating with a host of different disciplines as well as experience with delivering evidence based therapies (Social Skills Training, CBT for Psychosis, Seeking Safety). Program development and program evaluation opportunities are also available.

Supervisor: Niki Knight, Ph.D.

Women Recover in Supportive Environment (W-RISE) Residential Program – Waco

Our 30-bed, 8-week residential program provides care to female Veterans who experience significant impairments related to PTSD (including military sexual trauma/ MST), substance use, affective disorders, personality disorders, and a wide range of mental health conditions. Interns have opportunities to gain knowledge and experience in these areas as members of a multi-disciplinary team that works, in conjunction with Veterans, to build a supportive and healing treatment environment. Interns have the opportunity to administer psychodiagnostic assessments upon the Veterans' admittance to the program. Veterans from all eras of service are treated in individual and group therapies. Modalities include evidence-based treatments (EBTs), such as Cognitive Processing Therapy, Prolonged Exposure, Eye-Movement Desensitization and Reprocessing, Dialectical Behavior Therapy, Skills Training in Affective & Interpersonal Relationships, and Cognitive Behavioral Therapy-Substance Use Disorders; as well as groups for trauma recovery, stress management, sexual health, eating issues, art therapy, anger management, trauma-informed yoga, and whole-health initiatives. Interns will also have an opportunity to participate in a program evaluation/study aimed at assessing an innovative, process-oriented group, called Learning From Experience, to explore its efficacy in comparison to current EBTs for PTSD. WRISE offers the option of either a major or minor rotation.

Supervisors: Richard Ganley, Ph.D., Tiffany Urquhart, Ph.D., & Mercedes Reese, Ph.D.

Community Living Center (CLC) – Waco

The Waco CLC rotation is designed to offer a breadth of experiences related to the practice of geropsychology. The intern will be provided with opportunities to work in consultation with a

number of providers through an inpatient consultative service and function as an integral member of an interdisciplinary team that serves Veterans in the short-stay nursing home setting/community living center (CLC). The Waco Community Living Center (CLC) is a 119-bed extended care facility, which provides rehabilitation in an interdisciplinary setting for veterans who need long-term care due to chronic illness (e.g., cardiac disease, diabetes, chronic obstructive pulmonary disease), those who need respite care due to loss of caretaker, those who need hospice care due to terminal illness (e.g., cancer), those who suffer from various kinds of dementia, and those who have experienced traumatic brain injury. Approximately 30% of an intern's time will be spent in assessment-oriented activities and 70% in treatment activities during this rotation. Opportunities will include work with veterans with a range of mental health diagnoses including those related to mood disorders, cognitive decline, severe mental illness, veterans with complex medical problems, terminal illness, and veterans with relatively short-term problems in need of rehabilitation and discharge planning. Presenting issues include depression, anxiety, dementia, grief and loss, end-of-life issues and planning, and behavioral management. Staff and family support, education, and counseling are also a large component of the intern's experiences in this track. This clinical rotation allows interns to gain advanced knowledge of theoretical models and empirically supported treatments for geriatrics. Supervisor will work collaboratively with interns to develop a training experience that meets the rotation's general expectations as well as those individualized goals of each intern.

Supervisor: TBD

VISN 17 Center of Excellence Clinical Research Rotation – Waco (minor only)

The VISN 17 Center of Excellence for Research on Returning War Veterans is dedicated to conducting clinical research from a multidimensional analysis that will advance the understanding of the impact of deployment to a combat setting on individuals in the military, their families, and their communities. Our Center is uniquely capable of conducting translational research on the biochemical, neurological, and psychological bases of the physical and mental health problems commonly afflicting our Veterans and their families. The Center of Excellence rotation offers the opportunity to participate in a variety of clinical research activities such as participation preparation of grant applications, the submission of documentation for IRB approval (Initial or amendments to a protocol), implementation of a clinical research protocol, conducting evidence based assessments specified by a protocol, receiving training in and conducting supervised administration of evidence-based treatments as specified by a protocol, participating in development of novel biologically based treatments, collection of data, and potential participation in the analysis and write-up of data generated through these and other studies. Specific activities will be collaboratively developed in the context of availability of specific opportunities, intern interest, and training needs. Supervision is provided by doctoral psychology staff at the CoE. Learning objectives of the CoE rotation include experience in grant preparation and submission, training in and implementation of evidence based assessment and treatment as specified by a clinical research protocol, and experience in the dissemination of research findings. Given the prolonged nature of the conduct of clinical research, this rotation would be most beneficial as a minor rotation that lasts throughout the full internship year, though a six month experience is possible. The CoE rotation is 8 hours per week (minor rotation) in Waco at the VISN 17 Center of Excellence. Only open to interns who have defended their dissertation by the start of the rotation.

Supervisors: Laura Zambrano-Vazquez, Ph.D.

Primary Care Behavioral Health (PCBH) – Waco (minor only)

This rotation will emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in medical contexts. Major components of this rotation include brief evaluation and treatment of clinical and health psychology concerns; triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management; psychological assessment, individual and group psychotherapy, referral to specialty mental health programs; and coordination of care with the onsite psychiatrists and social workers. Interns have the opportunity to take part in leading empirically based treatment groups on topics such as, pain, weight loss, PTSD psychoeducation, and depression and anxiety. On this rotation, interns will gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and cognitive disorders). In addition, interns will have the opportunity to develop skills in promoting healthy behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have the opportunity to attend weekly team meetings that focus on administrative as well as clinical issues. The intern may be asked to select a case to present to the team for discussion.

Supervisor: Andrea Losada, Ph.D.

Blind Rehabilitation Unit – Waco (minor only)

On this minor rotation, interns will develop skills in the provision of psychological services to a population with varying degrees of visual impairment. The Blind Rehabilitation Unit is a 11 bed inpatient unit, which focuses on developing independent living skills associated with vision loss, including orientation and mobility; manual skills; visual skills; living skills and computer skills. Various forms of dementia, mood disorders and adjustment to vision loss are the most common primary diagnoses seen in the BRU. Psychological assessment services include interview assessments of psychological status, gross cognitive functioning and ability to cope and adjust to vision loss. A Coping with Blindness Group is offered once per week and the intern would facilitate this group with supervision. Psychotherapy is typically provided on an individual basis, but opportunities for couple and family psycho-education arise at times. The intern will also learn how to consult with rehabilitation specialists regarding psychological or cognitive factors that impact rehabilitation and how to manage those factors. Generally, it is expected that the intern will develop a greater knowledge of psychopathology assessment procedures, consultation, and psychotherapy in a population with visual impairment. This rotation also offers opportunities for developing a greater knowledge of the psychologist role with interdisciplinary teams. A minimum of one hour supervision weekly is provided and there are frequent opportunities for more informal supervision/clinical observation. Readings and didactic presentations are also used to reach learning objectives.

Supervisor: Tai Blanscet, Psy.D.

TEMPLE:***PTSD Clinical Team (PCT) – Temple***

The Temple Posttraumatic Stress Clinical Team (PCT) is a specialty clinic that provides outpatient care for veterans with a primary diagnosis of combat-related Posttraumatic Stress Disorder (PTSD) or symptoms of PTSD (e.g., anxiety and depression) that have produced functional impairment. It provides treatment for Veterans from all eras of service. This clinical rotation allows interns to gain advanced knowledge of theoretical models and empirically supported treatments such as Cognitive Processing Therapy and Prolonged Exposure

Therapy for Veterans with combat-related PTSD symptoms. There may also be opportunities to use Acceptance and Commitment Therapy in the treatment of residual PTSD symptoms. The primary assessment instruments used are the PTSD Checklist (PCL-5) and the Beck Depression Inventory (BDI-II), although opportunities to utilize the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) may be available. Interns on this rotation will have the opportunity to complete consults, develop treatment plans, and conduct individual and group therapy sessions. Some clinically relevant reading assignments may be included as appropriate to the intern's prior academic background. Supervisors will work collaboratively with interns to develop a training experience that meets the rotation's general expectations as well as the individualized goals of each intern.

Supervisors: Tara Meisner, Psy.D.

Psychosocial Resource and Recovery Center (PRRC) – Temple

This rotation emphasizes developing skills in providing psychological services to veterans with serious mental illness (e.g. Schizophrenia, Bipolar Disorder, Schizoaffective disorder, etc.). On the PRRC rotation, interns can co-facilitate groups, provide brief individual therapy, recovery coaching/case management and treatment planning. Interns may elect to develop and start a new group. There are also opportunities to be involved in program development activities. The PRRC intern will also attend weekly staff meetings that focus on clinical and administrative issues. The PRRC rotation will provide interns an understanding of the recovery model and further exposure to evidenced based approaches to SMI treatment (e.g. Social skills training, illness management and recovery, family education, CBT for psychosis, etc.). In addition, PRRC offers an opportunity to work with peer support specialists and learn how they are integrated in mental health treatment. The PRRC supervisor uses cognitive behavioral and acceptance and commitment therapy strategies. This rotation is available as either major or minor rotation.

Supervisor: Jennifer Rigsby, Ph.D.

Mental Health Clinic (MHC) – Temple

The Mental Health Clinic rotation offers interns an experience in individual psychotherapy, group psychotherapy and diagnostic interviewing and treatment planning. During this rotation interns have the opportunity to co-lead ongoing groups, as well as begin new groups. Some examples of ongoing groups include Depression Group, Anxiety Group, Coping Skills Group, Chronic Pain Group, Living Skills Group (for Veterans with military sexual trauma), Women's Resilience Group, Non-Combat PTSD, and CPT Group (for sexual trauma). Interns may elect to begin a new group, as well. If interested, interns may continue to co-lead and/or lead any of these groups as a year-long experience as part of a minor rotation. Interns also conduct comprehensive biopsychosocial assessments for veteran enrollment into the MHC. These assessments include determination of a DSM-5 diagnosis and initial treatment plan. The interns will encounter significant diversity with regards to veterans' ethnic and cultural backgrounds. The veterans served are predominately male, but significant and increasing opportunities are available to work with female veterans. Assessment opportunities include full battery assessment for the purpose of differential diagnosing and treatment recommendations, as well as a variety of other clinical referral questions. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the rotation is to prepare the intern to function as an effective member of an interdisciplinary team in a public mental health setting.

Supervisors: Nathan Winner, Ph.D., & Stephanie Hamilton, Ph.D.

Primary Care Behavioral Health (PCBH) – Temple

This rotation will emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in medical contexts. Major components of this rotation include

brief evaluation and treatment of clinical and health psychology problems; triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management; individual psychotherapy; referral to specialty mental health programs; and coordination of care with onsite psychiatrists and social workers. The focus of this rotation is gaining experience working with brief interventions to address problems that have psychological origins (mood, anxiety, sleep, adjustment, substance use, etc.), as well as developing skills in promoting healthy behaviors (i.e. physical activity) to help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have exposure to work in a Patient Aligned Care Team model, a system of multidisciplinary, primary care teamlets. The intern will be expected to attend weekly team meetings that focus on administrative as well as clinical issues. The intern may be asked to select a case to present to the team for discussion. Please note, this rotation may involve a joint experience in Primary Care Mental Health Integration (PCMHI) at both the main hospital in Temple, as well as the local community-based clinic at the Temple Annex.

Supervisors: Kristen Golba, Ph.D., Patricia Cornett, Ph.D., Carla Hitchcock-Robinson, Ph.D.

Neuropsychology – Temple

Major Rotation - This rotation emphasizes neuropsychological evaluation with a diverse medical outpatient population, with occasional referral from outlying CBOCs. Interns will receive training in neurocognitive and psychological assessment from a flexible battery approach. The training emphasis on this rotation includes: 1) familiarization with cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neurocognitive test instruments; 5) experience in evaluating a variety of neurological conditions; 6) case conceptualization and test interpretation; 7) efficiency in report writing; 8) patient feedback and follow-up; and 9) effective interaction with other disciplines. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided.

Supervisor: Nancy Perachio, Ph.D.

Minor Rotation - This rotation emphasizes neuropsychological evaluation with a diverse medical outpatient population. Interns will receive training in neurocognitive and psychological assessment from a flexible battery approach. Interns will be exposed to: 1) cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neurocognitive test instruments; 5) case conceptualization and test interpretation; 6) patient feedback and follow-up. Given the limited nature of the minor rotation, the emphasis will be on basic principles of assessment with the military population as well as the process of making a good neuropsychological referral. Unless the intern comes in with a strong background in assessment, then subsequent independent practice in neuropsychology would not be possible without further post-doctoral training. Individual supervision is provided.

Supervisor: Nancy Perachio, Ph.D.

Community Living Center (CLC) – Temple (minor only)

The Temple CLC rotation is designed to offer a breadth of experiences related to the practice of geropsychology and residential rehabilitative care. The intern will be provided with opportunities to work in consultation with a number of providers through an inpatient consultative service and function as an integral member of an interdisciplinary team that serves Veterans in the short-stay nursing home setting/community living center (CLC). The

Temple Community Living Center (CLC) is an 80-bed short stay care facility, which provides rehabilitation in an interdisciplinary setting for veterans who need short-term care due to sub-acute illness (e.g., cardiac disease, diabetes, chronic obstructive pulmonary disease), those requiring IV-antibiotic treatment, those who need respite care due to loss of caretaker, those who need hospice care due to terminal illness (e.g., cancer), those who suffer from various kinds of dementia, and those who have experienced traumatic brain injury. Approximately 30% of an intern's time will be spent in assessment-oriented activities and 70% in treatment activities during this rotation. Opportunities will include work with veterans with a range of mental health diagnoses including those related to mood disorders, cognitive decline, and severe mental illness, veterans with complex medical problems, terminal illness, and veterans with relatively short-term problems in need of rehabilitation and discharge planning. Presenting issues include depression, anxiety, dementia, grief and loss, end-of life issues and planning, and behavioral management. Staff and family support, education, and counseling are also a large component of the intern's experiences in this track.

Supervisor: Paula Harrington, Ph.D.

Compensation & Pension Service (C&P) – Temple

The Compensation and Pension (C&P) Service rotation in Temple offers interns experience in conducting veteran disability examinations to enhance and refine their diagnostic interviewing skills and ability to assess and describe mental health related functional impairment. During this rotation interns have the opportunity to gain exposure to all aspects of completing mental health C&P examinations, to include gold-standard assessment of Posttraumatic Stress Disorder (PTSD) and “other” mental health disorders (e.g. Major Depressive Disorder, Primary Insomnia, etc.) as well as developing competency with specialty software (CAPRI) and certifications for these exams. In particular, interns will be provided opportunities to conduct diagnostic clinical interviews, review claims folders, conduct chart reviews and write final reports as part of the C&P examination process. Interns will be given time to complete online Compensation and Pension Examination Program (CPEP) certification courses before conducting examinations. It is expected that the intern will develop enhanced assessment abilities and proficiency with the DSM-5, formulate opinions about the etiology of veterans’ current mental disorders, gain competency in determining levels of functional impairment related specifically to claimed mental health conditions, and synthesize various sources of information into a single report. A minimum of one hour supervision per week will be provided with frequent opportunities for more informal supervision. Readings and related certification training are also used to reach learning objectives. Supervision will be provided by experts in assessment and disability/forensic examinations.

Supervisors: Lucas Shaw, Ph.D. & Valeta Cooper, Ph.D.

Rehabilitation Psychology – Temple (minor only)

This minor rotation emphasizes development of skills needed to provide assessment and intervention in a medical rehabilitation context to patients with disability and chronic illness. Major components of this rotation include evaluation and treatment of problems including chronic pain, traumatic brain injury, and in a more limited capacity spinal cord injury, amputation, and stroke. Interns will have the opportunity to collaborate with interdisciplinary teams and a wide variety of medical rehabilitation providers. Interns will conduct individual and group psychotherapy with medical rehabilitation patients targeted at specific disabilities, health conditions and behavioral change. Psychological assessment opportunities include personality assessment and evaluation of cognitive and behavioral factors related to chronic pain. The treatment orientation for this rotation is primarily cognitive-behavioral, with an emphasis on third-wave behaviorism. Interventions incorporate approaches such as CBT-Chronic Pain, mindfulness-based interventions, and ACT. Interns will have the opportunity to facilitate a pain management group, using either CBT or mindfulness-based approach. Interns will also have

the opportunity to complete assessments incorporating personality and general psychological testing, and carry an individual treatment caseload. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided, including opportunities for co-therapy.

Supervisor: Victoria Armstrong, Ph.D.

Psychodiagnostic Assessment (MHC) - Temple (minor only)

The Psychodiagnostic Assessment minor rotation offers interns experience in development of psychological assessment and clinical diagnostic skills to inform mental health treatment. During the rotation interns will gain experience: 1) conducting clinical diagnostic interviews, 2) conducting ongoing clinical diagnostic assessment during the provision of therapy, 3) full battery psychological assessment (administer, score, and interpret a range of psychological tests), 4) develop recommendations to inform treatment, 5) write integrative psychological assessment reports, 6) provide feedback to Veterans and their families, and 7) provide consultation to referral sources. Psychological assessment measures include: self-report measures, objective and projective measures; neurocognitive screenings; intellectual functioning measures; and, disorder/diagnosis specific measures. Interns have the opportunity to observe administration of unfamiliar psychological measures. This rotation emphasizes development of clinical diagnostic skills, ethics in psychological assessment, necessity of accurate diagnosis(es) in treatment, and effective consultation with mental health professionals of other disciplines. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided. Supervisors: Stephanie Hamilton, Psy.D.

AUSTIN:

Mental Health Clinic (MHC) – Austin

The Mental Health Clinic rotation in Austin offers interns an experience in individual psychotherapy, group psychotherapy, and diagnostic interviewing and treatment planning. During this rotation interns have the opportunity to co-lead ongoing groups, as well as begin new groups (with supervisor approval). Current groups open for intern involvement include Anger Management, Pain Management, Mental Health Recovery (for veterans with serious mental illness), Acceptance and Commitment Therapy, Transgender Veteran Process, and Cognitive Behavioral Therapy for anxiety and depression. MHC also offers the opportunity to complete 6-month minor rotation in Dialectical Behavioral Therapy (DBT) for qualified interns. A minor in DBT requires participation in skills group, providing behavioral analyses and case conceptualizations consistent with DBT principles, and following individual cases for treatment. MHC interns also conduct comprehensive biopsychosocial assessments, which include determination of DSM-5 diagnoses and initial treatment plans, and provide individual therapy. In the MHC, interns will encounter significant diversity with regards to veterans' ethnic and cultural backgrounds. The veterans served are predominately male, but significant opportunities are available to work with female veterans. Emphasis is placed on learning and applying evidence-based treatments with flexibility in treatment approaches available based on patient need and intern interests. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the MHC rotation is to prepare the intern to function as an effective member of an interdisciplinary team working with patients who have a variety of presenting issues in a public mental health setting.

Supervisors: Young Song, Ph.D., Jennifer Lotterman, Ph.D., Kyle Mitchell, Ph.D., & John Maddoux, Ph.D.

Primary Care Behavioral Health (PCBH) – Austin

This rotation will emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in medical contexts. Major components of this rotation include brief evaluation and treatment of clinical and health psychology problems; triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management; psychological assessment, individual and group psychotherapy, referral to specialty mental health programs; and coordination of care with the onsite psychiatrists and social workers. Interns have the opportunity to take part in leading empirically based treatment groups on topics such as sleep, pain, mastering emotions and other chronic medical ailments. On this rotation, interns will gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and cognitive disorders). In addition, interns will have the opportunity to develop skills in promoting healthy behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have the opportunity to work in a Patient Aligned Care Team model through a system of multidisciplinary, primary care teamlets. The intern will be expected to attend weekly team meetings that focus on administrative as well as clinical issues. The intern may be asked to select a case to present to the team for discussion. *Supervisors:* Peter Lemons, Ph.D.

PTSD Clinical Team (PCT) – Austin

Austin Posttraumatic Stress Disorder Clinical Team (PCT) is a specialty clinic that provides outpatient care for Veterans of all eras of service with military-related PTSD (e.g., warzone deployment, training accidents, Military Sexual Trauma). This clinical rotation allows interns to gain knowledge and experience with PTSD diagnostic assessment, treatment planning, and evidence-based psychotherapies such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Written Exposure Therapy (WET). Interns may also have opportunities to deliver adjunctive treatments for residual symptoms of PTSD, including Acceptance and Commitment Therapy (ACT) and Skills Training in Affective and Interpersonal Regulation (STAIR). Interns on this rotation will have the opportunity to complete PCT intakes, develop treatment plans using Shared Decision Making approach, conduct individual psychotherapy sessions, and cofacilitate coping skills groups (i.e., PTSD Coping Skills, STAIR). For interns with a special interest in working with women Veterans, there is an opportunity to co-facilitate a women's Sexual Health Group. There are also opportunities for interns interested in program evaluation.

The intern will attend our weekly team meetings to gain experience working as part of a multidisciplinary team. Supervisors will work collaboratively with interns to develop a training experience that meets the rotation's general expectations as well as the individualized goals of each intern. Clinically appropriate reading assignments and/or web-based tutorials will be a part of the rotation experience depending on the intern's learning plan. Supervision will follow a developmental model in which the intern is expected to evolve over the course of the rotation from trainee toward a more collegial relationship with program staff.

Supervisors: Eleni Dimoulas, Ph.D. & Marin Beagley, Ph.D.

Rehabilitation Neuropsychology – Austin

This rotation emphasizes neuropsychological evaluation with a diverse medical outpatient population. Interns will receive training in neurocognitive and psychological assessment from a flexible battery approach. The training emphasis on this rotation includes: 1) familiarization

with cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neurocognitive test instruments; 5) experience in evaluating a variety of neurological conditions; 6) case conceptualization and test interpretation; 7) efficiency in report writing; 8) patient feedback and follow-up; and 9) effective interaction with other disciplines. There are also opportunities on this rotation for group and individual intervention focused on cognitive rehabilitation including cognitive remediation and the development and implementation of compensatory strategies. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided, including opportunities for co-therapy. There is potential for the intern to supervise a practicum student, depending on skill level and availability.
Supervisor: Shawneen Pazienza, Ph.D.

Substance Abuse Treatment Program (SATP) – Austin

The Austin Outpatient Substance Abuse Treatment Program (SATP) uses a three-phase outpatient model for the management of substance use disorders as well as comorbid mental health disorders. The program integrates cognitive behavioral, mindfulness, psychodynamic, interpersonal process, and somatic/body-oriented perspectives in assessment and treatment. The staff is comprised of 4 psychologists, a social worker, a licensed professional counselor, and 2 psychiatrists. The intern will have the chance to work directly with all psychosocial providers through the rotation. The majority of veterans participating in the program are involved in the Core Phase 1-3 groups which are primarily focused on Veteran's substance use and secondarily on Veteran's other mental health symptoms. The organization of these groups are loosely structured around Stages of Change principles. A significant number of veterans also participate in "Satellite" groups which place greater emphasis on the collateral mental health problems that are often enmeshed with their substance use and which further compromise their functioning (e.g. mood disorders, PTSD, other anxiety disorders, dissociation and characterological problems). The core intervention strategies used throughout the program include: motivational interviewing, relapse prevention and other cognitive behavioral strategies, social skills focused treatments, emotion/affect management approaches, interpersonal process, mindfulness and somatically oriented approaches. In addition to being exposed to these orientations generally, each supervisor works from individual areas of interest and interns will have opportunities to observe and receive feedback informed by these different approaches.

Interns will begin their rotation in SATP with observation of supervisors conducting group therapy and initial assessments (intakes, biopsychosocial assessments, and treatment plans). As interns develop an understanding of the culture of the program and demonstrate proficiency in basic intervention strategies, they will begin to co-lead and may eventually lead groups independently. Interns will also conduct individual therapy and initial assessments with our population. Interns will collaborate with supervisors and the entire SATP treatment team on issues related to case conceptualization, treatment planning, crisis intervention, clinical problem solving and program development. Psychological assessment experience (largely objective personality and possibly cognitive assessments) is offered as part of the training experience if desired. Readings will be assigned as appropriate to support intern learning.
Supervisors: Yvette Gutierrez Psy.D., Quoc (Thai) Le, Ph.D., Mackenzie Steiner Ph.D., & Shruti Surya, Ph.D.

Mental Health Intensive Case Management (MHICM) – Austin

In this rotation, interns will join a multidisciplinary team of psychologists, social workers, psychiatrists, nurses, peer specialists, and supported employment specialists who partner together with Veterans challenged by severe mental illness (e.g., schizophrenia and psychotic spectrum disorders, bipolar disorder, and other severe affective and anxiety disorders), accompanying psychosocial difficulties, and skills training needs. Our program's community-based approach focuses on recovery and rehabilitation, with increased independence, successful use of outpatient alternatives to inpatient hospitalization, and competitive employment when possible as the desired outcomes of Veteran's program participation. Interns will collaboratively design individualized, Veteran-centered and whole-health care recovery plans that promote our Veterans' opportunities to learn, live, work, and participate in their community of choice. Interns will also obtain training in individual and group delivery of cognitive-behavioral therapies for psychosis, social skills training, and will assist Veterans with community-based *in vivo* rehearsal of newly learned behaviors to promote their generalization in real-world situations. Opportunities to conduct neuropsychological assessments and program evaluation projects are also available. *Supervisors:* James Coleman, Ph.D.

Psychosocial Rehabilitation and Recovery Center (PRRC) – Austin

The PRRC partners with Veterans who have Severe Mental Illness (when mental health symptoms create severe life challenges) to build self-reliance, community engagement, and quality of life. Veterans in our program have primarily psychotic, affective, & PTSD diagnoses. Our interdisciplinary team works with Veterans on-site and in the community utilizing psychosocial rehabilitation, the development of functional skills/environmental adaptations to overcome mental health barriers. Interns provide treatment coordination, psychosocial rehabilitation, and psychotherapy through group and individual formats in addition to participating in team meetings and other related interdisciplinary work. The PRRC rotation provides interns with an understanding of the recovery model, peer support, and multiple evidence-based treatments for people experiencing SMI (e.g., CBT / ACT for psychosis, Social Skills Training). In addition, trainees learn how and why to adapt psychotherapeutic treatments for community settings. There are also many opportunities to participate in program development. The PRRC supervisor practices from a rehabilitation perspective, a psychologically eclectic approach focused on improving daily functioning and inclusion in Veteran communities of choice through the incorporation of multiple orientations, primarily Behavioral Therapy, CBT, and ACT. *Supervisor:* Emilia Brown, Ph.D. & Sammantha Chin, Psy.D.

Eating Disorder Treatment Team – Austin (minor only)

The Eating Disorder Treatment Team is a specialty clinic housed within the Mental Health Clinic that provides treatment to Veterans diagnosed with eating disorders (e.g., Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder). In conjunction with a multidisciplinary treatment team consisting of a psychiatrist and dietitian, interns will have the opportunity to conduct diagnostic assessments, engage in treatment team meetings, and deliver evidence-based interventions for a range of eating disorders. Interns will gain experience in conducting semi-structured diagnostic interviews as well as administering and interpreting body image and eating pathology questionnaires. The primary modes of treatment will be Cognitive Behavior Therapy – Enhanced (CBT-E) for eating disorders and Dialectical Behavior Therapy (DBT) informed care. Interns may also co-facilitate groups with the team dietitian and/or psychologist. Multidisciplinary treatment team meetings will allow interns the opportunity to gain understanding of the role of other disciplines in the treatment of eating disorders. Given

the high likelihood of medical comorbidities, opportunity to consult with primary care and other specialty disciplines will be available. Multicultural awareness will also be explored as it relates to differences in eating disorder symptoms across gender, race, and ethnicity.

Supervisor: Holly LaPota, Ph.D.

Other common minor rotations (across sites):

Specific EBPs (e.g., CPT, PE, ACT, CBT Depression, CBT Chronic Pain, CBT Insomnia, DBT, IBCT, MI), integrated assessment, neuropsychology

If you have interest in a specific area for specialty training or exposure, please inquire.

Austin Outpatient Clinic

Marin Beagley, Ph.D., Clinical Psychologist, PTSD Clinical Team

Graduate School: University of Missouri – Saint Louis, 2019

Internship: Phoenix VA Health Care System, 2018-2019

Postdoctoral Work: Trauma Recovery/Women's Health Fellowship, Durham VA Health Care System, 2019-2020

Clinical Interests: Trauma, Anxiety, Emotion regulation, Sexual health

Research Interests: PTSD treatment outcomes, Male military sexual trauma (MST), Gender differences in mental health sequelae

Clinical Orientation(s): Cognitive-behavioral

Primary Responsibilities: Individual and group psychotherapy in Austin PTSD Clinic; Women's mental health program evaluation and development

Rotations Supervised: Austin PCT Clinic

Academic Positions: None

Other: Women's Mental Health Champion – Austin VA Outpatient Clinic

Shenira, Becker, Psy.D. – Psychologist, Cedar Park Primary Care Behavioral Health

Graduate School: The Chicago School of Professional Psychology, Washington DC, 2016

Internship: Texas Juvenile Justice Department, Giddings, TX 2015-2016

Clinical Interests: Wholistic lifestyle choices to improve mood and multicultural/cross cultural therapy

Research Interests: Factors impacting quality of life in individuals diagnosed with chronic health conditions

Clinical Orientation(s): Cognitive Behavioral Therapy

Primary Responsibilities: Individual psychotherapy

Rotations Supervised: Primary Care Mental Health Integration

Academic Positions: None

Professional Membership(s): American Psychological Association (APA) and National Register of Health Service Psychologists (HSPP)

Other: VA EBP Training in: Cognitive Processing Therapy (CPT); Cognitive Behavioral Therapy for Depression (CBT-D) & Chronic Pain (CBT-CP)

Emilia Brown, Ph.D. – Clinical Psychologist and Team Lead, Psychosocial Resource Recovery Center (PRRC)

Graduate School: Washington State University, 2016

Internship: James H. Quillen VAMC, 2015-2016

Postdoctoral Work: Interdisciplinary Fellowship in Psychosocial Rehabilitation & Recovery, West Haven CT VAHCS, 2016-2017

Clinical Interests: Psychosocial rehabilitation, SMI

Research Interests: Program Development

Clinical Orientation(s): Cognitive, Behavioral, Eclectic

Primary Responsibilities: Psychosocial Resource Recovery Center (PRRC)

Rotations Supervised: Psychosocial Resource Recovery Center (PRRC)
Academic Positions: Clinical Assistant Professor of Psychiatry, UT: Austin
Professional Membership(s): APA, Division 18 SMI/SED Section; CAPA

Sammantha Chin, Psy.D. – Psychologist/Team Lead, Psychosocial Resource Recovery Center (PRRC)

Graduate School: Roosevelt University, 2018
Internship: The Reading Hospital, Reading PA, 2017-2018
Postdoctoral Work: Jesse Brown VA Medical Center Severe Mental Illness Track, Chicago, IL 2018-2019
Clinical Interests: Severe mental illness in adults
Research Interests: Conceptualization of SMI
Clinical Orientation(s): Integrative including CBT, existential therapy, and humanistic therapy
Primary Responsibilities: Program management, individual psychotherapy, group psychotherapy, community integration
Rotations Supervised: PRRC

James C. Coleman, Ph.D. – Psychologist, Mental Health Intensive Case Management

Graduate School: University of Houston, 2002
Internship: Fulton State Hospital, Fulton, Missouri 2001-2002
Postdoctoral Fellowship: Fulton State Hospital, Fulton, Missouri 2002-2003
Clinical Interests: Application of behavioral and cognitive behavioral therapies for the treatment of severe mental illness; practice of exposure therapies for anxiety disorders
Research Interests: Evaluating the effectiveness of treatment programs and services for persons with severe mental illness; risk prediction methodology
Clinical Orientation(s): Behavioral and cognitive behavioral
Primary Responsibilities: I am the Psychologist and Team Leader for the Austin-area Mental Health Intensive Case Management (MHICM) Program, which provides community-based treatment for persons with severe mental illness
Rotations Supervised: MHICM
Academic Positions: Clinical Assistant Professor, University of Missouri – Columbia

Eleni Dimoulas, Ph.D., Clinical Psychologist/Team Lead, PTSD Clinical Team; CPT National Consultant

Graduate School: University of Florida, Department of Clinical and Health Psychology, 2006
Internship: VA Connecticut Healthcare System- West Haven Campus, West Haven, CT, 2005-2006
Postdoctoral Fellowship: NIMH T32 Postdoctoral Fellowship in PTSD at Yale School of Medicine, Department of Psychiatry, New Haven, CT and VA National Center for PTSD, Clinical Neurosciences Division, 2006-2009
Clinical Interests: Combat trauma, PTSD assessment, Prolonged Exposure, Cognitive Processing Therapy, measurement-based care, collaborative decision-making, CBT for anxiety disorders, Problem Solving Therapy, and values-based interventions
Research Interests: EBP implementation science, PCT program development, PTSD biomarkers, psychophysiology of anxiety, translational research, posttraumatic growth and resiliency

Clinical Orientation(s): Behavioral, cognitive-behavioral, biopsychosocial and multimodal assessment

Primary Job Responsibilities: PTSD diagnostic evaluations and treatment readiness assessment, individual and group psychotherapy, clinical supervision, PTSD and EBP consultation

Rotations Supervised: PCT and EBPs for PTSD

Academic Positions: Pending

Professional Membership(s): International Society of Traumatic Stress Studies (ISTSS), APA Division 56 (Trauma Psychology), APA Division 18 (Psychologists in Public Service), Association of VA Psychologist Leaders (AVAPL)

Other: National Consultant for Cognitive Processing Therapy (2007-current), Local EBP Coordinator and EBP Lead/POC for VISN-2S (2012-2018)

Yvette Gutierrez, Psy.D. – Staff Psychologist, Substance Use Treatment Program

Graduate School: Indiana State University in Clinical Psychology, 2006

Internship: Central Texas Veterans Health Care System

Clinical Interests: Substance abuse disorders, dual diagnosis, motivational interviewing, cognitive behavioral therapy, and ADHD

Research Interests: Motivational Interviewing

Clinical Orientation(s): CBT

Primary Responsibilities: provide diagnostic evaluations, psychological assessment, individual and group psychotherapy (predominantly to individuals with co-morbid mental health and substance use problems)

Rotations Supervised: SATP

Holly LaPota, Ph.D., Psychology Program Manager; Training Director

Graduate School: University of Nevada – Las Vegas, 2013

Internship: Central Regional Hospital (2012 – 2013), Butner, NC

Postdoctoral Fellowship: Durham VA Medical Center Interprofessional Fellowship in Psychosocial and Recovery Oriented Services, 2013-2014

Clinical Interests: Eating disorders, PTSD

Research Interests: Eating disorders in athletic populations and co-occurring substance use/trauma

Clinical Orientation(s): CBT, DBT

Primary Responsibilities: Leadership; Eating Disorder Team Lead; Individual psychotherapy

Rotations Supervised: Eating Disorders Minor

Academic Positions: Clinical Affiliate, Department of Psychiatry, Dell Medical School, The University of Texas at Austin

Other: VA EBP Training in: Cognitive Processing Therapy (CPT); Eating Disorders (CBT-E)

Quoc Thai Le, Ph.D. – Psychologist, Substance Use Treatment Program

Graduate School: University of Kansas, 2012

Internship: Dwight D. Eisenhower VA Medical Center, Leavenworth, KS 2011-2012

Postdoctoral Work: Trauma Fellowship, Jerry L. Pettis VA Medical Center, Loma Linda, CA 2012-2013

Clinical Interests: Substance use, trauma, residential/inpatient, and multicultural/cross cultural therapy

Research Interests: Therapeutic common factors, trauma outcomes, and racial/ethnic identity development

Clinical Orientation(s): Cognitive behavioral, dialectical behavioral, and multicultural/cross cultural

Primary Responsibilities: Individual and group psychotherapy in the Substance Abuse Treatment Program (SATP)

Rotations Supervised: SATP

Academic Positions: None

Professional Membership(s): American Psychological Association (APA) and Association of VA Psychologist Leaders (AVAPL)

Other: VA EBP Training in: Cognitive Processing Therapy (CPT)

Peter Lemons, Ph.D. - Psychologist, Primary Care Behavioral Health

Graduate School: Binghamton University, 2017

Internship: New Jersey VA, 2016-2017

Clinical Interests: adult psychopathology, trauma, PCMH, sleep, mindfulness/ACT

Research Interests: psychopathy, dissociation, trauma, ADHD

Clinical Orientation(s): Behavioral, Existential/ACT, Cognitive Behavioral

Primary Responsibilities: Functional assessments, brief therapy within PCBH

Rotations Supervised: PCBH

Professional Membership(s): American Psychological Association; Association for Psychological Science

Jenny Lotterman, Ph.D., Psychologist and Team Lead, Mental Health Clinic

Graduate School: Columbia University, Teachers College - 2017

Internship: Central Texas VA Health Care System, Austin – 2016-2017

Clinical Interests: PTSD, MST, postpartum mood disorders

Research Interests: PTSD in new mothers, predictors and markers of PTSD in differing populations

Clinical Orientation(s): CBT, DBT

Primary Responsibilities: Individual & group therapy in MHC, MHC administrative duties

Rotations Supervised: MHC; DBT minor

Other: Trained in CPT, PE, DBT

John Maddoux, Ph.D. – Psychology Program Manager

Graduate School: Texas Woman's University

Internship: Western New York VA Health Care System, Buffalo, NY (Clinical Psychology)

Postdoctoral Work: North Texas VA Healthcare System, Dallas VAMC, Dallas, TX (Addiction Psychology)

Clinical Interests: Dual diagnoses; personality disorders, complex trauma

Research Interests: Intimate partner violence (IPV), intergenerational effects of trauma, treatment-resistant depression

Clinical Orientation(s): Third wave behavioral, including ACT, DBT, MI/MET, and mindfulness-based interventions.

Primary Responsibilities: Administrative supervisor for 5 clinics at Austin and Cedar Park.

Rotations Supervised: Mental Health Clinic

Academic Positions: None

Other: EBP trained in CPT, MI/MET, PE, IBCT, CBTi, CBT-CP, and IPT-D

**Kyle Mitchell, Ph.D. – Psychologist, Mental Health Clinic/Early Psychosis Intervention
Coordination Point of Contact**

Graduate School: Louisiana State University, 2018

Internship: Central Texas VA Healthcare System, 2017-2018

Postdoctoral Work: VASDHS/UCSD Psychology Clinical Research Postdoctoral Residency Program, 2018-2020

Clinical Interests: evidenced-based treatments for Veterans with Severe Mental Illness (SMI); early episode psychosis

Research Interests: social cognition and negative symptoms of psychosis

Clinical Orientation(s): cognitive behavioral

Primary Responsibilities: provision of evidence-based treatments with Veterans with SMI in group and individual settings; coordinates with providers and conducts outreach to Veterans with experiencing first episodes of psychosis as part of role as EPIC Point of Contact

Rotations Supervised: MHC

Professional Membership(s): VA Psychosis Special Interest Group

Shawneen Pazienza, Ph.D. - Neuropsychologist

Graduate School: Fuller Graduate School of Psychology, 2012

Internship: University of Alabama at Birmingham School of Medicine, Department of Psychiatry and Behavioral Neurobiology / Birmingham Veteran's Affairs Medical Center Training Consortium, 2011-2012

Postdoctoral Work: Johns Hopkins School of Medicine, Department of Physical Medicine and Rehabilitation, 2012-2014

Clinical Interests: Neuropsychology, rehabilitation psychology, cognitive rehabilitation, behavioral health, geropsychology

Research Interests: Cultural, ethnic, and socioeconomic variables associated with psychological and physical health; Patient-centered care

Clinical Orientation(s): Cognitive Behavioral, Motivational Interviewing, Acceptance and Commitment Therapy

Primary Responsibilities: Neuropsychological assessment, report writing, and feedback for veterans with a wide range of neurological, psychological, and complex medical conditions; brief health and behavior-based psychotherapeutic intervention; cognitive rehabilitation

Rotations Supervised: Rehabilitation Neuropsychology

Professional Membership(s): International Neuropsychological Society, American Psychological Association – Division 40, American Psychological Association – Division 22, Association for Contextual Behavioral Sciences

Young S. Song, Ph.D. - Counseling Psychologist, Mental Health Clinic

Graduate School: University of Missouri-Kansas City, 2013

Internship: Captain James A. Lovell Federal Health Care Center, 2012-2013

Postdoctoral Work: Mount St. Mary's College Counseling and Psychological Services, 2013-2014

Clinical Interests: Multicultural competency and considerations in treatment and training/supervision, Mindfulness, Crisis intervention and Program development

Research Interests: Racial/ethnic identity development and social self-efficacy beliefs of racial minorities, Culturally unique manifestations of adult attachment styles

Clinical Orientation(s): Integrated humanistic and CBT approach, with research background in attachment theory

Primary Responsibilities: Individual and group treatment, assessment

Rotations Supervised: Mental Health Clinic (MHC)

Academic Positions: None

Professional Membership(s): American Psychological Association (APA); Association of VA Psychologist Leaders (AVAPL)

Other: VA EBP Training in: Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy-Chronic Pain (CBT-CP); Acceptance Commitment Therapy (ACT), and Integrative Behavioral Couples Therapy (IBCT)

Mackenzie Steiner, Ph.D. – Team Lead/Psychologist, Substance Use Treatment Program

Graduate School: University of Texas at Austin, 2002, in Clinical Psychology

Internship: Central Texas Veterans Health Care System, 2001-2002

Postdoctoral Work: Private practice (supervised by Dr. Elayne Lansford) and Central Texas Veterans Health Care System (supervised by Dr. Fred Willoughby)

Clinical Interests: Addictions, trauma, attachment, and mindfulness

Clinical Orientation(s): Interpersonal psychodynamic perspectives, with a special emphasis on short term psychodynamic models (e.g., Accelerated Experiential Dynamic Psychotherapy); cognitive behavioral interventions, particularly in group therapy; integrates Somatic Experiencing, Buddhist (primarily in the form of mindfulness) and systemic psychological perspectives (e.g., object relational and Bowen's Family Systems Therapy) within both psychodynamic and cognitive behavioral approaches

Primary Responsibilities: Team Lead for the outpatient Substance Abuse Treatment Program (SATP) in Austin

Rotations Supervised: SATP

Academic Positions: Adjunct faculty status at the University of Texas at Austin

Shruti Surya, Ph.D. – Psychologist, Substance Use Treatment Program

Graduate School: Texas A&M University, 2018

Internship: Central Texas Veterans Health Care System, 2017-2018

Postdoctoral Work: Health Psychology Fellowship, Baylor Scott & White Medical Center, 2018-2019

Clinical Interests: Substance use, health behavior change, chronic illness management, trauma, and multicultural/cross cultural therapy

Research Interests: Psychological and cultural implications of health behavior and treatment, cultural competence/humility, mental and medical health integration

Clinical Orientation(s): Integrative- psychodynamic, MI, ACT, emotion-focused, and CBT

Primary Responsibilities: Individual and group psychotherapy in the Substance Abuse Treatment Program (SATP)

Rotations Supervised: SATP

Academic Positions: None

Professional Membership(s): American Psychological Association(APA)

Olin E. Teague (Temple) VA Medical Center

Victoria Armstrong, PhD – PMRS Staff Psychologist TBI/Polytrauma

Graduate School: University of Houston, 2010

Internship: 2009-2010 VA Connecticut Healthcare System, West Haven, CT (APA Accredited)

Postdoctoral Fellowship: Neuropsychology 2010-2012 (APA-Accredited), Louis Stokes Cleveland VAMC Supervisors: John Kenney, Ph.D., ABPP. Daniel Harvey, Ph.D., ABPP & George Serna, Ph.D.

Postdoctoral Work: Gulf Coast Veterans Healthcare System, Neuropsychologist 2012-2017; University of South Alabama (USA) Part-time Adjunct Professor 2016-Present; Central Texas Veterans Healthcare System, PMRS Staff Psychologist TBI/Polytrauma, March 2017- Present

Clinical Interests: Behavioral management of chronic pain, insomnia, and mental health conditions, psychosocial and cognitive rehabilitation

Research Interests: Traumatic Brain Injury

Clinical Orientation(s): Cognitive Behavioral and Interpersonal Therapy. I am interested in gaining more training and experience with Acceptance and Commitment Therapy and Motivational Interviewing.

Primary Responsibilities: Staff psychologist embedded within the Physical Medicine and Rehabilitation Service (PMRS) with duties including health and behavior-based psychotherapeutic intervention and both neuropsychological and pre-surgical evaluations.

Rotations Supervised: Temple Rehabilitation Psychology (pending)

Professional Membership(s): National Academy of Neuropsychology

Andrew Cook, Ph.D. – Whole Health Clinic Care Supervisor, Co-Training Director

Graduate School: University of Manitoba, 1995

Internship: University of Virginia Health Sciences Center, 1994-95

Postdoctoral Work: Vancouver Pain Management Clinic, 1995-97; University of Virginia Health System/School of Medicine, 1998-2006; Burwood Rehabilitation Hospital, New Zealand, 2007-09.

Clinical Interests: Behavioral medicine, health promotion & disease prevention, pain management, integrated healthcare

Research Interests: Psychosocial factors and treatments in chronic pain, technological applications in assessment and management of chronic illness

Clinical Orientation(s): Cognitive-behavioral, ACT, biopsychosocial, systems

Primary Responsibilities: Supervisor and program lead for Whole Health Clinical Care section.

Rotations Supervised: N/A

Academic Positions: Associate Professor (Affiliated), Department of Psychiatry & Behavioral Science, Texas A&M University College of Medicine.

Professional Membership(s): American Psychological Association, Society of Behavioral Medicine, International Association for the Study of Pain, Association of VA Psychologist Leaders.

Other: Advocate of interprofessional and integrated healthcare. Editorial board *Topics in Geriatric Rehabilitation*; Ad hoc reviewer for multiple behavioral medicine, sleep and health services journals. APA accreditation site visitor/chair.

Valeta M. Cooper, Psy.D. – Psychologist, Compensation & Pension

Graduate School: Forest Institute of Professional Psychology, 2010

Internship: Wichita Collaborative Psychology Internship Program, 2008-2009

Postdoctoral Work: Greater Ozarks Rural Psychologists, 2010 - 2011

Clinical Interests: Assessment, psychological testing

Research Interests: Trauma, emotional regulation, assessment

Clinical Orientation(s): Humanistic, Transpersonal

Primary Responsibilities: Compensation & Pension Examinations

Rotations Supervised: Compensation & Pension

Professional Membership(s): National Register of Health Service Psychologists, Texas Psychological Association

Patricia Cornett, Ph.D. – Psychologist for Hospice/Palliative Care, Primary Care Behavioral Health

Graduate School: University of North Texas, 2009

Internship: 2008-2009 VA Ann Arbor Healthcare System, Ann Arbor, MI

Postdoctoral Fellowship: University of Alabama at Birmingham Department of Neurology-Division of Neuropsychology. Supervisor: Dan Marson, Ph.D. J.D. 2009-2010.

Postdoctoral Work: University of Alabama at Birmingham Department of Psychiatry-Division of Outpatient Ambulatory Psychiatry 2010-2011. University of Alabama at Birmingham-Assistant Professor 2011-2013; Central Texas VA, Primary Care Psychologist-March 2013-present.

Clinical Interests: Behavioral Management of Chronic Medical Illness, anxiety and depression

Research Interests: Health and Behavioral Interventions

Clinical Orientation(s): Cognitive Behavioral Therapy. Am interested in gaining more training and experience with Acceptance and Commitment Therapy and Motivational Interviewing

Primary Responsibilities: Temple psychology supervisor. Clinical experiences include psychologist in mental health services in primary care, triage and management of patients with a multitude of psychiatric diagnoses seen in primary care, clinical education of other non-mental health staff, and pre-surgical evaluations for individuals awaiting organ transplants or treatment of Hep-C

Rotations Supervised: TBD

Professional Membership(s): APA, Division of Health Psychology, APA, Division of Neuropsychology

Kristen Golba, PhD – Psychologist, Health Behavior Coordinator

Graduate School: University of Nebraska-Lincoln, Lincoln, NE

Internship: VA Central Iowa Healthcare System, Des Moines, IA; 2014-2015

Postdoctoral Work: Graduate Psychologist, RRTP (Residential Rehabilitation Treatment Program), Des Moines, IA

Clinical Interests: Translation of EBP's to primary care setting addressing common mental health concerns (depression, anxiety, chronic pain); recovery-oriented services for serious mental illness

Clinical Orientation(s): Cognitive Behavioral Therapy, Acceptance & Commitment Therapy

Primary Responsibilities: Provide population-based care to PACT setting including brief, time-limited psychotherapy; group psychotherapy (mindfulness); consultation to PACT team members

Rotations Supervised: Health Psychology

Professional Membership(s): APA

Stephanie Hamilton, Psy.D. – Clinical Psychologist, Mental Health Clinic

Graduate School: Carlos Albizu University, 2004

Internship: Florida State Hospital, 2003 – 2004

Postdoctoral Work: Federal Detention Center, Federal Bureau of Prisons, Miami, 2009-10.

Clinical Interests: Post-traumatic Stress Disorder, Psychotic Disorders, Psychological Assessment, Forensic Psychology

Research Interests: Therapy outcome studies, Comorbid mental disorders and medical conditions, Psychological Assessment Instruments

Clinical Orientation(s): Cognitive Behavioral, DBT, Existential-phenomenological

Primary Responsibilities: Staff psychologist in Psychology Service of Mental Health Clinic, assessment of Veterans who present for walk-in clinical services involving provision of clinical diagnostic assessment, facilitation of diagnostically appropriate treatment, mental health services coordination, and crisis intervention; formal psychological assessment.

Rotations Supervised: Temple Mental Health Clinic

Professional Membership(s): American Psychology-Law Society, APA Division 41

Paula Harrington, Ph.D. – Geropsychologist, Community Living Center

Board Certification: Geropsychology, 2019

Graduate School: Alliant International University, 2009

Internship: Black Hills Healthcare System 2006

Clinical Interests: Older adults in residential settings, Home Based Primary Care, and behavioral health

Clinical Orientation(s): CBT and Existential

Primary Responsibilities: Working Community Living Center with both middle age adults and older adults providing behavioral health interventions, dementia assessment, capacity assessments, brief individual psychotherapy. Fully integrated in interdisciplinary care team

Rotations Supervised: Community Living Center

Professional Membership(s): Gerontological Society of America and Psychologist in Long-Term Care

Tara Meisner, Psy.D., Clinical Psychologist, PTSD Clinical Team

Graduate School: Argosy University, Southern California - 2014

Internship: Federal Correctional Institution, Tallahassee (2013-2014), Tallahassee, FL

Postdoctoral Fellowship: Federal Correctional Institution, El Reno (2014-2015) El Reno, OK

Clinical Interests: MST, Personality Disorders, Trauma, Suicide Prevention

Clinical Orientation(s): Psychodynamic, Attachment Theory

Primary Responsibilities: Individual and group psychotherapy in the MHC and PCT with a focus on MST and DBT

Rotations Supervised: PCT

Licensed in: New York and Florida

Other: Training in the following EBT's: Cognitive Processing Therapy (CPT); Cognitive Behavioral Therapy for Depression (CBT-D), Cognitive Behavioral Therapy for Insomnia, Illness Management and Recovery (IMR), Dialectical Behavior Therapy (DBT), STAIR (Skills Training in Affective and Interpersonal Regulation)

Nancy Perachio, Ph.D. – Neuropsychologist

Graduate School: University of Houston, 2001, Clinical Neuropsychology

Internship: Henry Ford Health System, Clinical Psychology, 1997-1998

Postdoctoral Fellowship/year University of Oklahoma Health Science Center, 2002-2003

Postdoctoral Work: Neuropsychologist at private physical rehabilitation facility: Siskin Hospital for Physical Rehabilitation (4 yrs), Psychologist for Paradigm Health Services: counseling in 6 nursing homes (6 months), Neuropsychologist at Temple VA (3+ years)

Clinical Interests: Neuropsychology, traumatic brain injury, dementia, stroke, neurological conditions,

Research Interests: Effectiveness of Cognitive Remediation for improving daily *functioning*

Clinical Orientation(s): Cognitive Behavioral

Primary Responsibilities: Completing neuropsychological evaluation on referred veterans, some weekly C&P Evaluations, program development for cognitive remediation, weekly cognitive remediation group, participation on the multi-disciplinary Polytrauma Team (weekly), and rotating Employee Assistance Program duties.

Rotations Supervised: currently only a minor rotation in Clinical Neuropsychology
Professional Membership(s): American Psychological Association, National Academy of Neuropsychology, National Register of Health Care Providers in Psychology.
Other: took classes regarding basic neuroscience with medical student, participated in the clinical field trials for Disruptive Behavior Disorders for DSM-IV, and on my fellowship, had the opportunity to participate in forensic neuropsychology (good prep for C&P exams!).

Jennifer Rigsby, Ph.D. – Clinical Psychologist/Team Lead, Psychosocial Resource Recovery Center (PRRC); Assistant Training Director

Graduate School: Texas Tech University, 2005
Internship: Audie Murphy Veterans Health Care System, San Antonio, TX 2004-2005
Postdoctoral Work: Clinical Psychology Fellowship in Substance Abuse, Dallas VAMC, 2005-2006
Clinical Interests: Serious mental illness, substance abuse
Research Interests: Writing interventions with individuals with a history of trauma
Clinical Orientation(s): Cognitive-behavioral
Primary Responsibilities: Psychosocial Resource Recovery Center (PRRC)
Rotations Supervised: Psychosocial Resource Recovery Center (PRRC)
Academic Positions: N/A
Professional Membership(s): Texas Psychological Association

Stacy Ritz, Ph.D. – Associate Chief of Staff, Mental Health & Behavioral Medicine, Central Texas VA

Graduate School: University of North Texas, 2008
Internship: Michael E. DeBakey VA Medical Center in Houston, 2007-2008
Postdoctoral Fellowship: Michael E. DeBakey VAMC in Houston specializing in PTSD, 2008-2009
Clinical Interests: trauma, marriage and family therapy, attachment
Research Interests: prior research has focused on the role adult and parent-child attachment play in the development of posttraumatic growth following sexual assault
Clinical Orientation(s): Eclectic, drawing from CBT, CPT, and attachment theory
Primary Responsibilities: Leadership for all mental health and behavioral medicine programs and staff across all sites of CTVHCS.
Rotations Supervised: N/A
Other: I have been trained in Prolonged Exposure and Cognitive Processing Therapy and utilize these treatments regularly with patients.

Doris Miller (Waco) VA Medical Center

Bruce W. Allen, Ph.D. – Psychologist, Mental Health Clinic

Graduate School: University of North Texas, 1992
Internship: Olin E. Teague VA Medical Center (CTVHCS), Temple, Texas 1987-88
Postdoctoral Work: Central Texas Veterans Health Care System
Clinical Interests: Geropsychology, brief neuropsychological evaluation of geriatric patients, individual and couples therapy with adults, interpersonal and constructivist approaches to psychotherapy, and treatment of patients experiencing grief and loss

Clinical Orientation(s): Constructivist, Interpersonal

Primary Responsibilities: Provide services in the outpatient mental health clinic, training supervision
Rotations Supervised: Waco Mental Health Clinic

Tai Blanscet, Psy.D. – Psychologist, Blind Rehabilitation Center

Graduate School: University of Denver

Internship: University of Denver Counseling Center 2006-2007

Postdoctoral Work: A postdoc in neuropsychological and vocational assessment for individuals with visual impairment at Clinical and Consulting Neuropsychology.

Clinical Interests: assessment, adjusting to vision loss, acceptance and commitment therapy

Clinical Orientation(s): CBT, ACT

Primary Responsibilities: (clinical duties): Assessment of each individual entering the BRC, group and individual therapy, staff consultation, cognitive assessment, supervision of psychology interns and practicum students for assessment.

Rotations Supervised: Blind Rehabilitation Unit, Mental Health Clinic

Richard Ganley, Ph.D., Psychologist, Women RISE & Mental Health Clinic

Graduate School: Temple University – Philadelphia, PA 1984

Internship: Texas Research Institute of Mental Sciences (1980 – 1981), Houston, TX

Clinical Interests: PTSD, MST, Group Therapy for PTSD/MST

Research Interests: Group Therapy for PTSD/MST

Clinical Orientation(s): Systems-Centered Therapy (SCT), CPT, DBT

Primary Responsibilities: Individual and group therapy in WRISE and MHC

Rotations Supervised: Women RISE (MHC during COVID-19 pandemic)

Academic Positions: None Currently

Other: EBP Training in: Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Processing Therapy (CPT)

Pamela George, Psy.D. – Clinical Psychologist, PTSD Clinic (PCT)

Graduate School: Marshall University

Internship: Lexington KY VA Medical Center

Postdoctoral Work: VA Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery Oriented Services, Central TX Health Care System

Clinical Interests: PTSD; Recovery; Suicidality

Clinical Orientation(s): CBT

Primary Responsibilities: (clinical duties): Group and individual therapy (including Cognitive Processing Therapy and Prolonged Exposure); consultation

Academic Positions: Assistant Professor in the Department of Psychiatry & Behavioral Science at Texas A&M Medical School

Rotations Supervised: PCT

Niki M. Knight, Ph.D. – Psychologist/Team Lead, Serious Mental Illness Life Empowerment (SMILE) MH RRTP

Graduate School: University of Southern Mississippi, 2018

Internship: Central Arkansas Veterans Healthcare System, 2017-2018

Postdoctoral Work: Kansas City VA Medical Center – Clinical Psychology, Serious Mental Illness Emphasis 2018-2019

Clinical/Research Interests: Health disparities among those with serious mental illness; EBPs for serious mental illness; patient centered care; recovery model and recovery oriented services; provide burnout/compassion fatigue; Motivational interviewing; Positive Psychology

Clinical Orientation(s): Cognitive behavioral, person-centered

Primary Responsibilities: Team Lead for SMILE MH RRTP; Group/individual psychotherapy as well as assessment/screeners for Veterans in SMILE MH RRTP

Rotations Supervised: SMILE

Andrea Losada, Ph.D., - Psychologist, Primary Care Behavioral Health

Graduate School: Fordham University

Internship: Ann Arbor VA Medical Center

Postdoctoral Work: CBT Clinic - Cornell Medical School Columbia Presbyterian Hospital in NYC

Clinical Interests: Brief interventions in primary care setting

Research Interests: Health Psychology

Clinical Orientation(s): Cognitive behavioral

Primary Responsibilities: Psychologist PC-MHI and PC-MHI CTX Facility Trainer

Rotations Supervised: CoE Post-Doctoral Fellow July 2020-2021

Professional Membership(s): National Register of Health Psychologists

Mercedes Reese, Ph.D. – Psychologist/Team Lead, Mental Health Clinic

Graduate School: University of Texas at Austin, 2014

Internship: Central Texas Veterans Health Care System

Postdoctoral Work: Private practice

Clinical Interests: Trauma, complex PTSD, LGBTQ+, and multicultural/cross cultural therapy

Research Interests:

Clinical Orientation(s): third wave behavioral treatment, Buddhist psychology, and relational

Primary Responsibilities: Individual and group psychotherapy in the Mental Health Clinic

Rotations Supervised: Waco MHC

Academic Positions: None

Professional Membership(s): None

Tiffany Urquhart, Ph.D., - Psychologist, Women RISE & Mental Health Clinic

Graduate School: Palo Alto University, 2019

Internship: VA Central Western Massachusetts Health Care System, 2018-2019

Postdoctoral Work: Michael E. DeBakey VA Medical Center, 2019-2020

Clinical Interests: Adult outpatient and residential; PTSD and comorbid disorders; Diversity

Research Interests: PTSD and comorbid disorders; factors contributing to treatment completion; EBPs for PTSD and other trauma-related symptoms; Moral injury

Clinical Orientation(s): Evidence-based practices

Primary Responsibilities: Clinical Psychologist in Women RISE Residential Unit and Cedar Park MHC CBOC; Conducts comprehensive intake evaluations; Collaborate with Veterans to create patient-centered treatment plans; Provide consultation in interdisciplinary team meetings; Deliver time-limited individual and/or group evidence-based and/or trauma-informed psychotherapy for PTSD and comorbid disorders

Rotations Supervised: WRISE

Professional Membership(s): ISTSS

Other: Central Texas VA National Diversity VTEL Site Coordinator; VA EBP Training in: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE)

Jeffrey A. Wilson-Reese, Psy.D. – Clinical Psychologist, PCT/SUD (Posttraumatic Stress Disorder Clinical Team/Substance Use Disorders)

Graduate School: University of Denver, Graduate School of Professional Psychology, 1993

Internship: University of Tennessee, Student Counseling Services Center; University of Tennessee Medical Center, Alcohol and Drug Recovery Unit

Postdoctoral Work: The College of Wooster Health Services Center; Quantum Behavioral Healthcare; Mental Health Management

Research Interests: Applications of Prolonged Exposure Therapy

Clinical Orientation(s): Cognitive Behavioral; Object Relations

Primary Responsibilities: Individual and group therapy utilizing Cognitive Behavioral/Evidence-Based Treatment of PTSD and PTSD with co-occurring substance use disorders (Cognitive Processing Therapy, Prolonged Exposure Therapy, Seeking Safety).

Rotations Supervised: Waco PCT

VISN 17 Center of Excellence for Research on Returning War Veterans

Richard Seim, Ph.D, Director of Training, Education & Dissemination Core

Graduate School: Western Michigan University

Internship: Cincinnati VA Medical Center

Postdoctoral Work: OAA Postdoctoral Research Fellow, VISN 17 Center of Excellence for Research on Returning War Veterans

Research Interests: SUD, PTSD, anxiety disorders, homelessness

Clinical Orientation(s): cognitive-behavioral, acceptance and mindfulness based therapies

Primary Responsibilities: Investigator on several research projects being conducted at VISN 17 COE for Research on Returning War Veterans

Rotations Supervised: N/A

Academic Positions: Assistant Professor, Texas A&M Health Science Center

Laura Zambrano-Vazquez, Ph.D. – Clinical Psychologist & Director of Training, VISN 17 Center for Excellence on Returning War Veterans

Graduate School: University of Arizona, 2016

Internship: University of Mississippi Medical Center/G.V. (Sony) Montgomery VAMC Consortium, Jackson, MS 2015-2016

Postdoctoral Work: VISN 17 Center of Excellence for Research on Returning War Veterans, Polytrauma/TBI OAA Fellowship, 2016-2017

Clinical Interests: Evidence-based psychotherapy (Anxiety, Depression, PTSD, Sleep)

Research Interests: Psychophysiological measurements of anxiety, depression and trauma, brain-based and transdiagnostic treatments, training outcomes for underserved populations

Clinical Orientation(s): cognitive behavioral therapy, acceptance and commitment therapy

Primary Responsibilities: Management of diverse training programs, co-investigator on several research projects conducted the CoE; provide trauma-based EBPs at Waco PCT clinic

Rotations Supervised: CoE Minor Research Rotation

Academic Positions: Adjunct Research Professor, Dpt of Neuroscience and Psychology,
Baylor University

Professional Membership(s): AVAPL, APA Division 56, Society for Psychophysiological
Research

APPIC Match Policies: 2021-2022

(Please see <http://www.appic.org/Match/Match-Policies> for updates)

Adopted July 15, 2021

*The following policies will guide the 2022 APPIC Match and Post-Match Vacancy Service.
Adherence to these policies is a condition of membership in APPIC
and of participation in the APPIC Match or Post-Match Vacancy Service.
The APPIC Board of Directors, in its sole discretion, may make changes to these policies and/or
the published Schedule of Dates in unusual, unforeseen, and/or emergency circumstances.*

Phase I of the Match

- The Rank Order List Submission Deadline is February 4, 2022 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase I Match Day, February 18, 2022.

Phase II of the Match

- The application deadline (see paragraph 5b) is February 24, 2022 at 11:00 a.m. Eastern Time.
- The Rank Order List Submission Deadline is March 14, 2022 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase II Match Day, March 21, 2022.

1. These policies apply to all participants in the APPIC Match or Post-Match Vacancy Service, including internship programs, applicants and their doctoral program faculty.

- i. All participants shall abide by their agreements with APPIC for participation in the APPIC Match.
- ii. Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.
- iii. Directors of Clinical Training of academic programs with students participating in the APPIC Match or Post-Match Vacancy Service must ensure that their students understand and adhere to these policies.
- iv. Violations of Match Agreements and/or APPIC Policies, including the APPIC Match Policies, by applicants or programs may result in sanctions by APPIC (e.g., being barred from future Matches) or legal action by other Match participants. In addition, violations by applicants may result in disciplinary action by the applicants' doctoral and/or internship programs.

2. All participants in the APPIC Match or Post-Match Vacancy Service must meet eligibility requirements and abide by the published Schedule of Dates as shown at natmatch.com/psychint.

- i. Applicants who wish to participate in the APPIC Match must meet the eligibility requirements described in the APPIC Intern Applicant Policy, including being enrolled in a doctoral program in Health Service Psychology or Professional Psychology that meets the criteria outlined in

APPIC's Policy on Doctoral Program Associates.

- ii. Applicants who meet the criteria outlined in paragraph 2a above may also participate in the APPIC Post-Match Vacancy Service. Applicants whose doctoral programs do not meet these criteria may participate in the APPIC Post-Match Vacancy Service if their program meets the criteria outlined in paragraphs 1a-1c of the APPIC Policy on Doctoral Program Associates and is approved by APPIC.
 - iii. Each applicant's academic program has the authority to determine the applicant's eligibility for participation in the Match or Post-Match Vacancy Service and the training sites that the applicant is permitted to apply to, rank, and attend.
 - iv. All APPIC-member internship programs that have positions available are required to participate in the Match. Non-member programs may not participate in the APPIC Match or Post-Match Vacancy Service.
- 3. Internship programs must offer all of their internship positions in Phase I of the APPIC Match.**
- i. Positions for which funding is not assured should not be offered in the Match.
 - ii. Positions that are not filled in Phase I of the Match must be offered in Phase II of the Match, in accordance with paragraph 10 and its subparagraphs below.
 - iii. Positions that are not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, must be offered in Phase II of the Match, in accordance with paragraph 10 and its subparagraphs below.
 - iv. Positions that are not offered in Phase I or Phase II of the Match can be communicated and/or offered to applicants only after the results of Phase II of the Match are released, in accordance with paragraph 11 and its subparagraphs below.
- 4. Match participants (including applicants, internship programs, and doctoral programs) must provide complete and accurate information to other Match participants, APPIC, and National Matching Services Inc.**
- i. Applicants must provide complete and accurate information to all internship sites to which they apply.
 - ii. Applicants and their doctoral programs must immediately notify all internship sites to which the applicant has applied in the event of any substantive change to: (i) the applicant's standing with their doctoral program (e.g., disciplinary action, being put on probation, failing a practicum); (ii) the information provided in the application materials (e.g., professional conduct items), or (iii) the applicant's eligibility to apply to or attend an internship. Similarly, such changes must be communicated to the internship site to which an applicant has matched, both before and during the internship training year.

- iii. Internship programs must provide complete and accurate information to applicants concerning the internship position(s) available through the Match or Post-Match Vacancy Service, including all institutional and program policies related to eligibility requirements for appointment (e.g., successfully passing a drug test or background check). Substantive changes to internship programs and/or training experiences must be communicated to applicants in a timely manner.
5. **For both Phase I and Phase II of the APPIC Match, the AAPI application service must be used by applicants to apply to all internship programs that are participating in the Match. For both Phases of the Match, all applications must be submitted using the AAPI, and no site may request a printed copy of an applicant's application materials.**
- i. Internship programs and applicants must abide by the APPIC AAPI Supplemental Materials Policy, which states that the only supplemental materials that may be requested by internship programs or submitted by internship applicants are (a) a treatment or case summary, and (b) a psychological evaluation report.
 - ii. All programs participating in Phase II of the Match must accept applications until the application deadline for Phase II established by APPIC. Programs may elect to continue accepting applications for Phase II beyond the application deadline, but are not required to do so.
6. **For Phase I of the Match, internship programs that conduct interviews must make a reasonable effort to notify every applicant who submits a complete set of application materials as to his/her interview status.**
- i. Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this interview notification requirement (this exemption should be clearly stated in sites' APPIC Directory listings and/or public materials).
 - ii. Notification of interview status for Phase I of the Match must occur no later than the interview notification date that appears in the program's APPIC Directory listing and/or other publicity materials, and may be communicated via e-mail, telephone, regular mail (to be received no later than the interview notification date), or other means.
 - iii. For Phase II of the Match, notification of interview status is not required.
7. **The communication of ranking information, which includes intention to rank or the position of any applicant or program on a Rank Order List, must adhere to the subparagraphs below.**
- i. The following are not permitted:
 - i. Internship sites must never request any ranking information from any applicant, even after the Match results are released.
 - ii. Applicants (or other individuals acting on their behalf, such as doctoral program faculty) must never request any ranking information from any internship site, even after the Match results are released.

- iii. Internship sites must not communicate to any applicant the positioning of any applicant on their Rank Order List(s) for either Phase of the Match, even through veiled or indirect communication, prior to the release of the results for Phase II of the Match.
- iv. Applicants must not communicate to any internship site the positioning of any program on their Rank Order Lists for either Phase of the Match, even through veiled or indirect communication, prior to the release of the results for Phase II of the Match.
- ii. The following are permitted, but not required:
 - i. Sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.
 - ii. Internship programs may choose to inform applicants as to whether or not the applicants remain under consideration for admission (e.g., whether or not the applicants will be ranked).
 - iii. Following the release of the results for Phase II of the Match, internship programs and applicants may voluntarily disclose their rankings, but are not obliged to do so.
 - iii. Internship programs must include the following statement on their web sites and in their brochures: "This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant."
- iv. Internship sites that offer more than one program in the APPIC Match (i.e., sites with more than one program code number) are expected to ask applicants to identify the site's programs to which they are applying. In addition, these sites may, for the sole purpose of arranging interviews, ask applicants to designate their preferences regarding the programs at the site for which they wish to be interviewed. These sites may request interview preference information only when it is essential for making interview arrangements, and such information may not be used for any other purpose in the selection process. Furthermore, these sites may not solicit any information about applicants' rankings of programs. Sites requesting interview preferences must state clearly in their written materials that these preferences will be used for arranging interviews only and for no other purpose.
- v. Any ranking information communicated between applicants and internship programs, even if such communication is a violation of these policies, is non-binding and subject to change at any time prior to the Rank Order List submission deadline. The only binding rankings are the confidential Rank Order Lists that are submitted to the APPIC Match.

8. Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.

- i. Failure to receive timely notification of the APPIC Match results, for any reason, does **not** constitute a release from the obligations of the APPIC Match.
- ii. Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements must be clearly specified in the internship programs' written materials and provided to applicants in advance of the deadline for submitting rankings for the APPIC Match.
- iii. Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after (but not before) 11:00 a.m. Eastern Time on the APPIC Match Day for

each Phase of the Match. On each APPIC Match Day, no contact between internship sites and matched applicants should occur prior to 11:00 a.m. Eastern Time.

- iv. It is not necessary for internship training directors to contact applicants with whom they have not been matched.
9. **Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked or e-mailed no later than 7 days following receipt of the APPIC Match results for each Phase of the Match.**
- i. Letters must be addressed to the applicants and must include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the dates on which the internship begins and ends.
 - ii. Copies of these appointment letters must be sent simultaneously to applicants' academic Directors of Clinical Training.
10. **Positions that remain unfilled in Phase I of the Match must be offered in Phase II of the Match. Positions not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, must also be offered in Phase II.**
- i. Applicants who register for Phase I of the Match and who do not obtain a position in Phase I (e.g., those who withdraw or remain unmatched) are eligible to participate in Phase II of the Match. Applicants who match to a position in Phase I are not eligible to participate in Phase II. Applicants who do not register for Phase I cannot register for or participate in Phase II.
 - ii. All positions at an internship site that remain unfilled in Phase I of the Match must be offered to applicants in Phase II of the Match. A site can decide not to offer an unfilled position in Phase II only if it decides not to fill the position in the program for the coming year (e.g., anticipated loss of funding, shifting of funding to other purposes). Removing an unfilled position from Phase II of the Match for any other reason requires APPIC approval.
 - iii. Internship programs with positions that are offered in Phase II of the Match may not take any actions to publicize or fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. Applicants who do not obtain a position in Phase I of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about available positions in Phase II prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. All applications to programs for Phase II of the Match must be submitted using the AAPI, as specified in paragraph 5 above.
11. **Upon completion of both Phases of the APPIC Match, internship programs that have one or more open positions may publicize these positions in the Post-Match Vacancy Service or by other means. Programs may make offers of admission (verbal or written) to eligible applicants who are not already matched, even if those applicants did not participate in the APPIC Match.**

- i. Internship programs that have or anticipate having open positions after completion of Phase II of the Match may not take any actions to publicize or fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day. Applicants who anticipate using the Post-Match Vacancy Service, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about open positions in the Post-Match Vacancy Service prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day.
- ii. Prior to making offers to fill open positions, internship training directors must verify with applicants, to the best of their abilities, that the applicants have not previously been matched to other internship programs nor accepted other offers.
- iii. Prior to making offers to fill open positions, internship training directors must ensure that doctoral programs have verified their applicants' eligibility and readiness for internship. Such verification can occur via a review of the appropriate application materials and/or via direct communication with the doctoral programs.
- iv. Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.
- v. An offer (verbal or written) that has been tendered by an internship program and accepted by an applicant constitutes a binding agreement between the program, the applicant, and APPIC that may not be reversed without APPIC's consent.
- vi. The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked or e-mailed no later than 7 days following acceptance of the offer by the applicant, as described in paragraphs 9a and 9b above.

12. Individuals who perceive violations of these policies are urged to request compliance with APPIC policies from the appropriate party (parties).

- i. Unresolved compliance problems should be resolved informally, whenever possible, through consultation among applicants, internship training directors, academic Directors of Clinical Training, and/or APPIC, or by other informal means. APPIC sponsors an "[Informal Problem Consultation](#)" process (described on the APPIC web site) that is recommended for use in addressing these issues.
- ii. Internship training directors who become aware of violations of these policies by other internship training directors should (a) urge the affected applicants and academic Directors of Clinical Training to follow the informal resolution procedures described above, (b) directly contact the other internship training directors, and/or (c) use the APPIC "[Informal Problem Consultation](#)" process.
- iii. Perceived violations of APPIC Policies and/or the Match Agreements that are not resolved informally may be submitted as a formal complaint to APPIC. Formal complaints are investigated by APPIC, and the APPIC Board of Directors will ultimately determine the course of action. Instructions for filing a formal complaint are available on the [APPIC web site](#).

Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 9/1/2021

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	No
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The Central Texas Veterans Health Care System Psychology Training Program offers an APA-accredited internship to U.S. citizens who are enrolled in a doctoral degree program in Clinical or Counseling Psychology at an APA-accredited institution. Applicants must be certified as ready for internship by their university Director of Training. Completed internship applications are reviewed by the Psychology Internship Selection Committee and must be received no later than November 3rd of the calendar year preceding the internship year. The CTVHCS internship program prefers that applicants have completed **at least 1200 total practicum hours** (assessment + intervention + supervision) prior to the start of internship. These hours should be listed as completed and/or anticipated hours verified by the Director of Clinical Training on the AAPI. The 1200-hour expectation includes desired minimums of 200 assessment hours and 400 intervention hours, with consideration given to an applicant's overall training background and fit with the program. Any anticipated hours at the time of the AAPI submission should be explained fully in the applicant's cover letter. Per VHA policy, all selections are conditional pending a criminal background check and passing a physical examination. As an equal opportunity training program, the internship program welcomes and considers without discrimination applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status (See Diversity Statement in following section). Our trainees and staff reflect a wide range of socioeconomic, cultural and religious affiliations, including people with disabilities. We strongly encourage people from diverse backgrounds to apply. We gladly provide reasonable accommodations as needed to people with disabilities during both the application and training process; please feel free to request such accommodation as necessary.

Factors considered by the committee in selecting interns include:

- the breadth and depth of clinical experience obtained through practicum training;
- scholarly preparation evidenced by academic transcripts, research experience, and publications and presentations;
- evidence of personal maturity and readiness for internship training; and
- the degree to which the applicant's stated training objectives match the training opportunities available in our setting.
- preference to applicants who have completed or are well advanced towards the completion of their doctoral dissertation.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. U.S. Citizenship. HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. U.S. Social Security Number. All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. Selective Service Registration. Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. Fingerprint Screening and Background Investigation. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.

5. Drug Testing. Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. Affiliation Agreement. To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA. 1. Effective October 7, 2021 HPTs must attest to having received the COVID-19 vaccination.

b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. Additional On-boarding Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. Proof of Identity per VA. VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements for appointment as a psychology HPT is summarized in our program brochure.

Note: Health Professionals Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours: Y	Amount: 400
Total Direct Contact Assessment Hours: Y	Amount: 200
Describe any other required minimum criteria used to screen applicants:	
<p>The program prefers that applicants have completed at least 1200 total practicum hours (assessment + intervention + supervision) prior to the start of internship. These hours should be listed as completed and/or anticipated hours verified by the Director of Clinical Training on the AAPI. The 1200 hour expectation includes <i>desired minimums</i> of 200 assessment hours and 400 intervention hours, with consideration given to an applicant's overall training background and fit with the program. Any anticipated hours at the time of the AAPI submission should be explained fully in the applicant's cover letter.</p>	

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,297	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Dental insurance, life insurance, professional development time (e.g., dissertation defense, VA interviews, conference attendance)		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	19	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	9	0
Military health center	0	0
Academic health center	2	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	1	1
Correctional facility	0	0
School district/system	0	0
Independent practice setting	5	0
Not currently employed	1	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.